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Institute of Special Education Studies
Faculty of Education – Palacký University Olomouc

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Content

Introduction

Dear readers and supporters of our magazine,
in this spring issue of the Journal of Educational People, our editorial board has collected several interesting contributions, which, as usual, focus on various areas of special education. In the first article, entitled Coping strategies of parents of children with autism spectrum disorders, the authors J. Lopúchová, J. Zeman, and S. Schallerová deal with the determination and description of various parenting strategies designed to support children with autism spectrum disorders. (ASD) The following article by Nigerian authors will transport the readers to this African country and introduce them to the possibilities of sustainability of social culture in the context of special education teachers and their clients (S. I. Andor, M. A. Ngwa, N. M. Scholastica). The next contribution can be considered a narrative review. K. Tvarůžková, A. Strnadová and J. Pospíšilová in it synthesised international and Czech studies are exploring how staff perceive and manage sexuality and how people with intellectual disabilities themselves experience and express it. In the fourth place our editorial team ranked an interesting and stimulating contribution by Czech authors J. Slezáková, L. Flekačová and T. Dušková, who document the significant importance of tactile games for the development of psychomotor functions in visually handicapped students. After this article you will also find a topic that is targeted at the area of visually handicapped children (author K. Tománková). The following two contributions focus on the issue of the use of wellbeing programs. First, the authors M. Růžička, Z. Kozáková and J. Stelzer assess how the Institute of Special Education Studies at the Faculty of Education, Palacký University Olomouc, has progressively integrated the concept of wellbeing into the curricula of its special education programs, in the following article M. D. Polínek and T. Hudská consider the use of wellbeing strategies within drama therapy interventions. The final article is actually a retrospective view and evaluates the meaning of the IMUZA Project, which was implemented in the years 2017 to

2020 in the Czech Republic. This extensive project was focused on monitoring the quality of education and artistic maturation of children and students with special needs within the framework of music education. Here, after a five-year gap, the authors P. Svoboda and O. Müller re-analyzed and evaluated the sum of information and opinions of music educators obtained from focus groups and questionnaires.

Our editorial team wishes you a pleasant reading.

JEP Executive Editor Pavel Svoboda

Coping strategies of parents of children with autism spectrum disorders

(case study)

Jana Lopúchová, Jana Zeman, Simona Schallerová

Abstract: *The presented scholarly study deals with the coping strategies of parents of children with autism spectrum disorders (ASD) and has as its aim to determine and describe the ways parents of children with ASD cope with their child's disability. In this context, the authors were interested (and in this sense also formulated the research questions) to know which stress management strategies parents choose most often and who helps parents in selecting coping strategies and potential additional support. The main method used in the research was an interview, as well as data analysis using interpretative phenomenological analysis (IPA). Upon analysing the data, the authors found that in each monitored case, certain individual phenomena appeared that were typical only for the given case, e.g., the absence of professional help, a lack of help options, splitting up with a partner, changes in emotional experience, depressive symptoms with suicidal thoughts, services of a fortune-teller, death of a spouse. During the author's empirical work, authors recorded several coping strategies that were focused primarily on emotions (a change of internal setting, focusing on the present, hope for a better future, gratitude for small things, positive mind, detachment from feelings, pragmatic attitude), on the problem (the effort to be at home as much as possible) and on escape (sporting activities, meeting friends, wellness, walks in nature, reading books, studying, a cosmetics course).*

Keywords: *coping strategies, health disability, child with disability, autism spectrum disorder*

1 Introduction

Parenthood is connected with a great deal of love and joy, but also with many fears and worries. The first months of a child's life in particular have an irreplaceable importance in the development and building of a relationship with a parent. In the case of parents of children who show certain differences in their development, however, the mentioned concerns may be even stronger, especially due to a lack of preparation and ignorance of such a situation. Coping with an unfamiliar situation is individual not only in every family/relationship, but also among the individual members of a single household.

The diagnosis of a disability or developmental disorder in a child can be established shortly after birth, or only later, when parents or experts notice differences in a child's development. This process can be especially lengthy with some neurological, metabolic or pervasive disorders where, despite early suspicions, a diagnostics may take longer (Kisler & McConachie, 2010). Early childhood is a crucial period, when developmental differences are most marked and the child may not achieve basic developmental milestones, leading to a more obvious presence of disability (Beavers et al., 1986; Fewell, 1986 in Heaman, 1995).

Parents of children with disabilities often experience higher levels of anxiety and depression. Studies show that parents with disabled children are more prone to depression, particularly if they have an unstable psychological background and an inadequate inner life (Salceanu & Sandu, 2020; Enache & Mitu, 2022). Depression can be triggered by feeling unable to accept big changes in their life and a negative perception of themselves and their surroundings.

The emotions of parents can significantly influence stress in a family. Many parents experience disappointment from the fact that their child is not ideal, which can lead to persistent stress until preschool age (Barnett et al., 2003; Marvin & Pianta, 1996 in Krstić et al., 2017). Leonardi et al. (2021) report a higher level of stress in the parents of children with specific needs, and Dabrowska and Pisula (2010) likewise conclude that parents of children with autism spectrum disorders (ASD) show a higher level of stress in comparison with parents of neurotypical children and even with parents of children with Down syndrome. Porter and Loveland (2019) state that in Japan, too, mothers of children with ASD experience higher levels of parental stress compared to mothers with children with other disabilities or children with normal development. Symptoms of depression may persist in parents of children with Down syndrome even five years after the child's birth (Glidden & Jobe, 2006).

Parents of children with ASD and ADHD also show high levels of stress. Mothers of children with cerebral palsy experience more stress compared to mothers of neurotypical children (Rentinck et al., 2007). Post-traumatic stress disorder is also present

in parents of premature children due to the emotional distress associated with a hospital stay (Beeber et al., 2017).

Parents of children with disabilities use different compensatory mechanisms and stress management strategies. Moslem and Zabih (2017) found that mothers of deaf children and children with intellectual disabilities often seek social support, use humour or positively reinterpret difficult situations. Similarly and Dardas (2014) maintain that caring for a child with complex disabilities can increase parental stress, which is then manifested physically and psychologically and can affect different areas of life. This stress may negatively influence the perception of parental competences and roles (Dickinson et al., 2020; Renner et al., 2015).

Studies show that parents of children with disabilities use avoidance as a coping strategy. Alós et al. (2022) determined that parents of children with ASD use avoidance strategies more often than parents of children without disabilities. However, no significant differences were found in the coping strategies of parents of children with ASD and the parents of children with typical development (Antonopoulou et al., 2020). In stressful situations, parents of children with delayed development less frequently employed the strategies of seeking emotional support and religion compared to parents of children with normal development (Bujnowska et al., 2021). In contrast, Borah and Gogoi (2021) report that the parents of children with special needs most commonly use active coping strategies, including seeking professional help and using faith as a means of solving problems. Cognitive restructuring, problem solving and social contact are other mechanisms that are frequently used (Arif et al., 2021). Jaiswal et al. (2018) emphasise that mechanisms focused on emotions, such as fatalism or passivity, are associated with higher levels of stress, and Picci et al. (2015) show that strategies focused on emotions are used more often when a child's health issue is assessed as unmanageable. Problem-solving and emotion-focused strategies have also been found in the parents of children with ASD (Chin et al., 2023).

Religion and faith are mechanisms commonly used for coping with stress by parents of children with special needs. The parents of premature babies and children with ASD often use prayer and faith as a means to cope with the emotional challenges of raising their children (Huenink, 2017; Shilubane & Mazibuko, 2020). These spiritual practices help parents find meaning and support in difficult situations, which in turn reduces their levels of stress. Parents who rely on religious faith and prayer frequently show a better ability to accept the condition of their child and manage the daily challenges associated with the disability (Shilubane & Mazibuko, 2020).

For parents of children with special needs, social support from friends, family and the community is a critical factor to help cope with stress. Research indicates that parents with higher levels of social support show lower levels of stress, while those with less support face greater emotional challenges (Wang et al., 2017; Zaidman-Zait et al., 2017; Ayala-Nunes et al., 2017). In countries with strong family

bonds, where grandparents and other family members actively take part in raising and caring for children, parental stress can be minimised (Dardas, 2014; Lin et al., 2008). Nevertheless, families from both low- and middle-income groups that have children with disabilities often face insufficient social support, which increases both their stress and their emotional problems (Upreti & Singh, 2016; Ni'matuzahroh et al., 2022).

Financial security in the future is another stressor for parents of children with mental disabilities or developmental delays. Agarwal et al. (2023) state that despite the presence of stress, parents are often not involved in financial planning, which can be affected by the daily obligations and challenges connected with raising a child with a disability.

According to the study by Efstratopoulou et al. (2022), mechanisms such as engagement and cognitive reformulation help reduce the stress present in parents; in contrast, diversion or disconnection were associated with a higher level of stress. Problem-focused coping is the most effective modulator for reducing the impact of stress on mental wellbeing (Pachițu & Gherguț, 2023).

Early detection of disorders can accelerate the process of providing support not only for the child, but for the parents, too. According to Krstić, Mihić and Oros (2017), the provision of adequate coping strategies can help families overcome problems associated with raising a child with a disability. Understanding and supporting effective coping strategies can improve the adaptation of a family and reduce the stress associated with raising a child with a mental disability (Bonab et al., 2017).

The support of professionals and early intervention are key for reducing parental stress and improving a family's dynamics, and early detection of disorders and the provision of appropriate support can speed up the adaptation process and improve quality of life for the whole family (Beeber et al., 2017; Rentinck et al., 2007). It is important that parents get support from professionals early in the child's life (Borah & Gogoi, 2020).

2 Material and Methods – From research on coping strategies in parents of children with ASD in Slovakia

2.1 Research objective

I The authors of the study set themselves the objective of finding out how parents of children with ASD cope with their child's disability.

In this context, the authors formulated the following two research questions:

1. What kind of stress management strategies do parents choose most often?
2. Who helps parents in the selecting of coping strategies and any other potential support?

2.2 Research sample

The selection of the research sample was deliberate (mothers with children with ASD), and the greatest possible homogeneity was preserved during its selection. All participants were female. Their average age was 38.5 years, and average age of their children with ASD was 9.5 years. In five cases the children were boys and in one case a girl. The mothers came from several regions of Slovakia – from the Nitra, Trenčín, Košice and Banská Bystrica regions.

2.3 Methods of implementation and data analysis

The basic method of research was an interview combined with observation. The interview provided us with sufficient opportunities to determine the necessary data relevant for the study and to achieve the set goal. Additional methods used were data analysis using interpretive phenomenological analysis (IPA) and their subsequent synthesis for the needs of their interpretation and for reaching the research conclusions.

2.4 Research ethics

The research was conducted in line with the ethical standards of Comenius University, as stated in the CU Rector's Internal Regulation no. 32/2022. All the study authors complied with the established principles of research ethics in all phases of the research, particularly transparency and accuracy, elimination of undesirable factors and influences irrelevant to the research, consistency, honesty, scholarly integrity and protection of personal data. Prior to the research itself, the participants were informed about the purpose of the research and voluntarily agreed to take part in it. A so-called informed consent was submitted to all the participants, and by signing it, they agreed to take part in the research and publish the research results. All participants are presented anonymously in the research and in the study, and only information necessary for understanding the study is published.

2.5 Procedure

Each interview conducted was transcribed into electronic form and the interviews were then analysed, each independently. In the process of analysis, we proceeded using a step-by-step system; we carried out several deep readings of the given text; we marked important statements and then wrote down all important observations, notes and codes. Individual phenomena were assigned to each interview, and a table with individual codes and their subsequent interpretation together with the presentation of specific statements of the participants for the possibility of forming a more comprehensive picture was compiled. A summary table of all recorded codes was then created using colour-coding and by classifying codes into individual areas.

A summary interpretation of the individual created codes is presented at the end of the study. We will gradually present our findings in the text.

3 Results

In this section, we gradually present the results of our empirical work.

3.1 Individual phenomena in the coping strategies used by parent number 1–14 years old son with ASD, 43 years old mother, Nitra Region

Basic characteristics – the cause of ASD in the child – post-vaccination encephalitis; the participant pointed to the lack of opportunities for professional help when her child was at an early age.

Table 1: *Recorded Codes for Participant 1. Source: Author's own processing*

Challenging Early Childhood Period	Self-Blame	Difficulties in Accepting the Diagnosis	Change in Perspective
Emotion-Focused Coping Strategies	Different Reactions from Parents	Psychiatrist	Negative Emotions
Impact of the Child on the Parent	Focus on the Present	Concerns About the Future	Self-Study
Family Inexperience	Sacrifice	Lack of Professional Support	Lack of Interest from Professionals in Parents' Mental Health
Without Seeking Psychological Help	Rejection by Family	Disappointment	Loneliness
Reduced Social Contacts	Isolation	Mutual Support Among Parents of Children with ASD	

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 1)

The participant experienced a difficult period (Table 1) during her child's early life: *"…it was a catastrophic period"*; *"it was extremely stressful"*. A phenomenon of this case was a different cause of the ASD (post-vaccination encephalopathy) and thus the standard development of the child from the beginning. The participant and her family had difficulty accepting the diagnosis of ASD: *"…it took years to come to terms with it"*. She felt strong remorse and blamed herself and her husband: *"…but when this regression occurs after something that shouldn't have happened, you as a parent feel enormous guilt, guilt that we didn't foresee it"*. She said that her husband had a *nervous*

breakdown and was taken into the care of a psychiatrist. She did not seek any psychological/psychiatric help for herself, so it was a matter of different acceptance and coping with the situation on the part of the individual parents. The participant experienced negative emotions and was in shock: *"…it was pure despair"*. Then, after a few days, in her own words, *"she got hold of herself and said to herself that who will take care of the child if not his mum"*. She tried to make a change to her internal setting. After a negative experience with the death of her mother due to an ALS diagnosis, she coped with the diagnosis of ASD more easily: *"…I told myself that if I survived that, then I would also survive autism"*. The participant also felt strong fears about the future, which caused her the greatest stress. She mainly applied a coping strategy focused on emotions and focused on the present: *"…I couldn't think about the future, I completely erased it from my thinking"*. From the coping strategies, the participant used those focused on emotions, specifically making a change to her internal setting (point of view); focusing on the present moment and the day instead of worrying about the future *("we'll get through today and we'll do what we have to do to get through… we have to focus on today"*) – focusing on the present helped her to ease her worries about the future. Shifts in her child's development also contributed to the change in her internal setting. The participant was thus significantly influenced by her child, and her current mood depended on the child's mood. *"I erased my own needs completely and tried to focus on him."* This was about the participant sacrificing/suppressing her own needs. She also negatively described the experience with experts and the lack of help from them: *"…they don't do anything with autism; all the doors and windows were closing in front of us and we could not get anywhere"*. The experts were not at all interested in the mental health of the parents.

The participant experienced rejection by her close family and lack of interest in their fate and help. She described the loss of social contacts and the resulting loneliness and isolation: *"…it was loneliness and despair because you had no one to connect with. We stayed in a bubble and had no one to meet with"*. The participant found help on discussion forums and Facebook groups of other parents of children with ASD.

3.2 Individual phenomena in the coping strategies used by parent number 2–8 years old son with ASD, 31 years old mother, Nitra Region

Basic characteristics – the participant lives in the south of Slovakia and communicates in both Hungarian and Slovak; she attended therapy centres with her child, where there were Slovak-Hungarian experts who had completed training in the field of interventions in Hungary, because these are not yet established in Slovakia. The child changed nursery school because he had trouble adapting to the new environment. The participant and her partner split up due to difficulties with the child's problematic

behaviour, and the participant was left to fend for herself after the breakup. In her work, she meets families with a child with ASD; she is able to help them and provide understanding. The participant considered herself to be a parent who is looking for a path for other parents, too.

Table 2: *Recorded Codes for Participant 2. Source: Author's own processing*

Challenging Early Childhood Period	PS = Burden, Stress	Experts – Advice	Problem-Focused Strategies
Difficulties in Accepting the Diagnosis	Reactions of Others	Lack of Interest from Professionals in Parents' Mental Health	Impact of the Child on the Parent
Parental Separation	Friends	Mutual Support Among Parents of Children with ASD	Unpredictability
Sport	Escape-Focused Strategies	Negative Emotions	Hope
Financial Aspect	Emotion-Focused Strategies	Lack of Coping Strategies	Sacrifice
Loneliness			

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 2)

The participant was, in her own view, a *"very young mother"* who did not notice anything unusual about her child because, as she said, she did not know what to look for. She only began to notice the differences when her child was about three years old. She described the period of her child's early life as very difficult (Table 2): *"…it was a very difficult time"*. She had difficulty coping with the given situation and felt negative emotions; she felt: *"…bad, ashamed, sad, hopeless"*, and even now it was difficult for her to talk about it. During that time, she split with her partner and was left alone to care for and raise her child. *"I went through it all alone; I had to deal with it all myself"*. She also pointed to the financial aspect: *"…because all the doctors have to be paid"*. In her view, *"everything"* caused her the greatest stress. Stress was associated with the child's unpredictable behaviour following his problematic behaviour. She felt it *"always when she had to leave the house with the child"*. She bore negatively the reactions of those around her to her child's problematic behaviour: *"those ugly looks from people who didn't understand, didn't know and judged, they could think something bad about me and my child"*. At times, she even hinted at fear of the reactions of strangers and at the same time a strong sense of shame.

At the beginning, the participant did not use coping strategies: *"nothing; I cried, nothing more could be done…like I didn't know what could be done"*. Later, a change took place: *"later I realised that sport helps a person"*. Along with this escape-oriented coping strategy, she still met with her friends, who were her social support. She used emotion-based coping strategies with a focus on *surviving* and hoped that: *"one day things will be better and you have to hold on"*. She had hope for positive change. Regarding problem-focused coping strategies, the participant tried *"to be at home as much as possible, to accommodate the child"*. The participant tried to adapt everything to her child; her mood also depended on the mood of her child with ASD. She always tried to put the child's needs before her own. *"Simply put, my child was always in first place, so that I could meet his needs. And my own needs were deeply, deeply, far below that"*. She described doing sports as the activity that most helped her cope with the given situation: *"movement really helps mentally"*. Experts gave the participant advice on caring for and helping her child, but they showed no interest in her mental health. The participant considered social networks as a source of support. Parents of children with ASD help each other, exchange advice and support each other in groups on social networks.

3.3 Individual phenomena in the coping strategies used by parent number 3–8 years old son with ASD, 36 years old mother, Trenčín Region

Basic characteristics – the diagnosis of ASD was not clear from the beginning. They initially got different diagnoses from different experts; ASD was determined by a child psychiatrist and then confirmed by a clinical psychologist specialising in the diagnosis of ASD. The child has an associated mental disability (the situation was complicated by the different opinions of experts on the degree of the mental disorder, because the application of intelligence tests is difficult for individuals with ASD). The parents organised a fundraiser for therapeutic support for their son; the participant received the diagnosis of ASD without significant emotional fluctuations, and the change in her personal experience occurred at the onset of the problematic behaviour.

Table 3: *Recorded Codes for Participant 3. Source: Author's own processing*

Acceptance of Diagnosis Without Significant Emotional Outbursts	Focus on the Present	Self-Study	"Positive Mindset"
Different Reactions from Parents	Limitation of Family Activities	Gratitude for Small Things	Lack of Interest from Professionals in Parents' Mental Health
Long Process of Acceptance by the Family	Reduced Social Contacts	Without Seeking Psychological Help	Isolation
Family Inexperience	Sport	Financial Aspect	Sufficient Sleep
Concerns About the Future	Reactions of Others	Problem-Focused Coping Strategies	PS = Burden, Stress
Change in Perspective	Emotion-Focused Coping Strategies	Escape-Focused Coping Strategies	Friends
Impact of the Child on the Parent	Ambivalent Emotions	Mutual Support Among Parents of Children with ASD	Unpredictability

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 3)

The participant was a very friendly person, had a positive attitude and wanted to talk openly about this issue in order to move her story forward. They went with their son through several examinations, and experts gave them various diagnoses before concluding that the condition was ASD. The participant, as a mother, was the fastest to accept the diagnosis of ASD: "*…I probably accepted it the fastest, because I already suspected something*". In her words, *"it took my husband perhaps 3 or 6 months to come to terms with it"*. So, it was a question of a different length of time in the process of receiving a diagnosis for the child's parents. The participant, however, summarised that they experienced the diagnostic process without significant emotional fluctuations. For the grandparents a longer period was needed to process the accepting of their grandchild's diagnosis: "*…they used to close their eyes, they didn't want to accept it*". This was mainly due to their ignorance, as they had never come across such a child before. According to the participant, they were worried about the future, but they arrived at a change their thinking and tried to focus on the present: "*…the present must be dealt with and try to make it the best we can*". She emphasised the need for relaxation in order to gain strength and also the fact that mental health care is mainly a matter for parents.

After the onset of problematic behaviour of their child with ASD, the activities of the participant's entire family were restricted. A narrowing of social contacts and isolation also occurred: "*…social contacts became extremely narrow… we really became*

very isolated". The participant worried about the reactions of her surroundings to the behaviour of her child with ASD, especially to problematic behaviour: *"…but when an eight-year-old boy throws himself on the ground and screams terribly, you simply direct the attention to yourself"*. The participant considered the unpredictability of her child's behaviour and the subsequent limitation of normal activities due to that problematic behaviour to be the greatest stress: *"…you cannot fully predict his behaviour"*.

The participant herself searched for a lot of information about ASD and the options for help. She and her husband decided not to seek psychological help. According to her, the experts did not show any interest in their mental health; they only focused on caring for their child with ASD.

Regarding coping strategies, the participant mainly used strategies focused *on emotions, on the problem* and *on escape*. From the coping strategies focused on emotions, this was *a change of setting* – stop worrying about the future and focus on the present; gratitude for the little things: *"…we started to appreciate the little things"*; self-awareness and positive attitude: *"…we are still so optimistic"*. Coping strategies focused on the problem appeared in the participant in the form of writing a blog: *"it was my mental hygiene"*. Writing helped her relieve stress and *"to make life as normal as possible"*. The participant used various coping strategies aimed at escape, e.g., swimming, wellness, sports, walks in nature. Several times she spoke about the importance of changing the environment: *"…get away from the problem, go to nature to switch off"*. Among other things, she also went to work: *"…that was a strategy, too,….it absorbs you so much and you come up with other thoughts"* and she met friends. Their mood and inner experience were dependent on their son's mood: *"…you are completely worn out when he has a bad time, and then suddenly when he is good, you see the world as completely beautiful"*. The participant also stressed the need for sufficient sleep.

3.4 Individual phenomena in the coping strategies used by parent number 4–8 years old son with ASD, 43 years old mother, Košice Region

Basic characteristic – the participant seemed depressed; she was probably not reconciled with her current situation. She described some events in a confusing way. She seemed slightly ambivalent – on the one hand, she was very disappointed and depressed, while on the other hand, she tried to help her child as much as possible. They had undergone many diagnoses and tried several types of interventions with him. The participant had suicidal thoughts, thoughts of double murder, and those around her tried to convince her to seek psychological help. She refused psychological help, because she considers it a sign of failure and shame. She did get help from the staff in one private facility – they gave her time alone so she could relax.

Table 4: *Recorded Codes for Participant 4. Source: Author's own processing*

Challenging Early Childhood Period	Long Process of Acceptance by the Family	Rejection by Family	Family Inexperience
Suicidal Thoughts	Loneliness	Isolation	Mutual Support Among Parents of Children with ASD
Negative Emotions	Disrupted Relationships	Disappointment	Reduced Social Contacts
Lack of Interest from Professionals in Parents' Mental Health	Difficulties in Accepting the Diagnosis	Escape-Focused Coping Strategies	Without Seeking Psychological Help
Financial Aspect	Impact of the Child on the Parent	Focus on the Present	Shock

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 4)

The participant described the period from noticing differences, getting a diagnosis and seeking help and support as: *"…very difficult, especially when we got the diagnosis"*. She and her family had difficulty processing and coping with the situation (Table 4). There was a long process of acceptance on the part of the family (closer and wider) and in some cases rejection by the family, mainly due to ignorance: *"…I don't want anything to do with him because I don't know how to treat him"*. The participant also described a *disturbed sibling relationship* and a *disturbed father-son relationship*. She expressed her disappointment: *"I see that difference between younger and older sibling, that no matter how hard we try, there is a social barrier"*. She had thoughts of suicide or a double murder of herself and her child with ASD. She felt frustration and loneliness: *"No one will even give you a helping hand. It was terribly hard on the psyche"*. The participant felt that *"everyone had abandoned her"*. She experienced an unwillingness to help from her family and only found help through social networks, where she connected with other parents of children with ASD. She described the turning away of friends and subsequent isolation as the greatest stress. *"No one can help you; no one can advise you…probably the worst thing is that we have lost almost 98% of our friends"*. Experts showed no interest in the mental health of the participant and her family; they focused only on the care of her child with ASD. The coping strategies she used focused *on escape*. She began to read books, to study externally at university, to escape into nature. She did not use any other coping strategies. During the interview, she seemed slightly evasive regarding questions focused on working with herself and her inner setting. She refused to seek psychological help because: *"…that's like admitting to yourself that you're a total failure, that you can't handle the situation. We live in a small town and word of this would spread in seconds"*. She considered it

shameful and something she could not allow due to the opinion of those around her. The participant expressed an effort to adapt to the child and focus on the present.

3.5 Individual phenomena in the coping strategies used by parent number 5 – 9 years old daughter with ASD, 39 years old mother, Banská Bystrica Region

Basic characteristics – the participant's child is from fraternal twins, and her sister is healthy. The participant did not proceed in the standard way when learning of the diagnosis (i.e., a paediatrician and then other doctors), but her child was first observed by a family friend who is a kindergarten teacher, and then they visited the early intervention centre. The participant expressed a protective attitude towards her child; she has negative experiences with professionals. Help from experts is absent, so the participant used the services of fortune-tellers, craniosacral therapy. She was very communicative. She supported the idea of making this issue more widely known. She suggested that the research should be published not only abroad, but also in Slovakia.

Table 5: *Recorded Codes for Participant 5. Source: Author's own processing*

Difficulties in Accepting the Diagnosis	Experts – Advice	Change in Perspective	Emotion-Focused Coping Strategies
Reactions of Others	Long Process of Acceptance by the Family	Self-Blame	Unpredictability
Friends	Escape-Focused Coping Strategies	Mutual Support Among Parents of Children with ASD	Financial Aspect
Lack of Interest from Professionals in Parents' Mental Health	Ambivalent Emotions	Self-Study	Spirituality
Reduced Social Contacts	Acceptance of Diagnosis Without Significant Emotional Outbursts	Concerns About the Future	Focus on the Present

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 5)

The participant said that she and her husband initially had difficulty accepting the diagnosis (Table 5) when they noticed a difference in their child's development: *"…we didn't really want to admit it, that we'll see and wait for this. It was very hard to accept"*. She had slightly mixed feelings, in her words, *"fluctuating"* when she searched for information about the manifestations of ASD. She accused herself of causing the start of diagnosis during pregnancy. Later, she arrived at a change in her internal setting and tried to accept it. On the side of the family, this was also a long process of accepting

the given condition. She received recommendations from experts (teachers) about placing her child in preschool and later in school, but the experts did not show any interest in the parents' mental health. The participant described negative experiences with experts (doctors), which we also consider as a phenomenon among the other cases: *"… there is no help from there, you just go"*. The participant thus pointed out the need to take matters into her own hands and study the information herself. She highlighted the help from other parents of children with ASD, with whom she exchanged advice and tips: *"…everything only between those parents, what we tried, what we rejected"*. The greatest stress was caused by the manifestations of her child's behaviour, the unpredictability and especially the difference from the norm, as well as the reactions of the surroundings – the negative reactions and looks of strangers.

The coping strategies the participant used were focused on *emotions and escape*. Of the coping strategies focused on emotions, it was about changing the internal setting and therefore the overall view of the situation (coming to terms with the situation) and focusing on the present instead of the worries about the future that haunted her. With her husband, she described switching to automatic mode, which can also be one of the coping strategies within the framework of dissociating oneself from one's own feelings. Coping strategies focused *on escape* included meeting friends, support from friends and space for *talking, confiding, crying.* She put emphasis on support from friends, though in a few cases she expressed disappointment over their reduction. The participant described the use of *"mystical paths"* as a form of coping with a stressful situation. This involved fortune-telling and craniosacral therapy. In this case, this was an individual phenomenon. The participant (like the other participants) pointed to the necessity to cover everything from their own finances, which also negatively affected their mental health.

3.6 Individual phenomena in the coping strategies used by parent number 6–9 years old son with ASD, 39 years old mother, Nitra Region

Basic characteristics – during the participant's pregnancy, her husband got leukemia, and he died when the child was 1.5 years old. Experts from a private early intervention centre provided her with psychological help. Later, after psychological care, the participant began to see a psychiatrist (processing her husband's death, etc.). The remaining children are her driving force.

Table 6: *Recorded Codes for Participant 6. Source: Author's own processing*

Challenging Early Childhood Period	Loneliness	Isolation	Negative Emotions
Escape-Focused Coping Strategies	Emotion-Focused Coping Strategies	Change in Perspective	Rejection by Family
Reactions of Others	Experts – Advice	Interest of Professionals in Parents' Mental Health	Psychologist
Psychiatrist	Family Inexperience	Friends	

Legend to the Table

Match of Codes with Other Cases | Codes Focused on Coping Strategies | Codes of Individual Phenomena

Interpretation of the analysed data (In the table 6)

She experienced negative feelings and *was emotionally on the verge of a nervous breakdown* (Table 6). She considered putting the child into an institution: *"…because I just didn't know how to work with him"*. The mental burden was also caused by her child's problematic behaviour, caused by his inability to express himself verbally. She later changed her mind, also thanks to coping strategies focused on escape (studying) and approached the situation pragmatically: *"…I took it like this, that it would never be any different, and we had to act and we had to work with the child"*. The family, specifically her own mother, rejected her grandson's diagnosis because *"she didn't know what autism was, so it was something that didn't exist for her"*.

The participant was worried about her child's future: *"…what will happen to him if something happens!"* The greatest stress was caused by *"people outside"*, specifically their negative reactions, looks: *"they whispered, pointed, he's ill-mannered, they don't know how to raise him"*. In her own words, the participant closed in on herself: *"…I isolated myself and didn't leave the house for 1.5 years"*. An early intervention centre provided the participant with psychological assistance, helped her with the processing of contributions and recommended other experts. We here observe a phenomenon of mental health care by professionals that we did not see in any other case. The participant expressed great gratitude to the staff of the private centre: *"…they helped me incredibly; they also provided me with a psychologist, and I went to therapy"*. The participant is currently under the care of a psychiatrist, whom she sought out later out of the need to process the events after her husband's death. She is content and handles stressful situations better when something comes up. On questions focused on her experience, the participant returned to her child, everything she went through with him, as she said: *"…I focused more on my son than on myself"*.

Regarding coping strategies, the participant used strategies focused *on escape and emotions*. From the strategies focused on emotions, she used a change of internal

attitude to the situation: "*…I took it like this, that it would never be any different, and I had to act. Somehow I came to terms with it and it went away in my head*". Later, a psychologist also helped her change her perspective, which also relieved her of a sense of remorse and self-blame. Studying, reading, make-up classes and meeting women in classes were the escapist strategies she applied. She herself said that: "*…it was like I was actually running away from reality, from home…*" and felt the need to escape from the current situation.

4 Discussion and research conclusions

When analysing the data, we found that in each case monitored, certain phenomena appeared that were typical for that case only. We noted the absence of help from experts and the lack of help options. We can consider the age of the child of participant number 1, who was older than the other children by 5–6 years, as a phenomenon. Participant number 2 broke up with her partner as a result of her child's ASD diagnosis and was left to care for her child alone. She used the services of centres communicating in the Hungarian language and interventions used predominately in Hungary. Participant number 3 described a problem-free acceptance of their child's ASD diagnosis, but a change in her emotional experience occurred when her child with ASD began to display problematic behaviour. Her child is the only one of the presented cases to have an associated mental disability. Participant number 4 showed depressive symptoms and also had suicidal thoughts. She rejected psychological help, however, saying that it would be a sign of failure to those around her. Participant number 5 applied atypical ways of coping with the diagnosis of ASD – she used the services of a fortune-teller. Her child with ASD is from fraternal twins, and the other child is not disabled. She emphasised the need to raise awareness about this issue. Participant number 6 experienced the death of her husband at an early age of her child with ASD and the loneliness and dependence on herself that followed. She was the only participant who received psychological help from experts (due to the diagnosis of ASD) and is currently under psychiatric care.

In individual cases, we recorded coping strategies focused mainly *on emotions, problems and escape*.

Almost all the participants used *strategies focused on emotions*. These included *a change of internal setting, focusing on the present, hope for a better future, gratitude for little things, a positive mindset, detachment from one's feelings* and *a pragmatic approach*.

Almost all the mothers also used *strategies focused on escape*. These were *sporting activities, meeting with friends (social support), wellness, walks in nature, reading books, studying* and a *cosmetics course*.

Some of the participants used *problem-focused strategies*. This mainly involved an *effort to be at home as much as possible and thus avoid problematic behaviour of the child*. In two cases, a psychiatrist and a psychologist helped the participant find coping strategies.

The attitude of the participants' families (grandparents) differed. In most cases, this involved difficulties with accepting the diagnosis and processing the given condition for a longer time. Grandparents rejected the child with ASD and cut off contacts and meetings.

Nearly all the participants described a difficult period of raising a child at an early age, in which negative feelings, shock, in some cases disappointment (on the part of the close family and also on the part of the parents themselves), self-blame, reproaches and also ambivalent emotions occurred. This was the period from the appearance of the first manifestations of ASD, during the period of diagnosis, obtaining a diagnosis, seeking help, up to coming to terms with and accepting the ASD diagnosis. In each case, this period was highly individualised and varied in terms of duration. One participant accepted the diagnosis relatively quickly and without significant emotional fluctuations and processing problems. Most of the participants described the correlation between their current emotions and the emotions of their child with ASD, his/her behaviour. The tendency to resort to describing their child and what they had gone through with them rather than describing their own experience – focusing on the child rather than themselves – was noted. Most of the participants expressly refused to seek psychological help and support for themselves, and all of them were worried about their child's future. They tried to address this with an emotion-focused coping strategy – focusing on the present rather than the future.

Because of the manifestations of ASD in children and their unpredictability, some participants described limiting their activities and those of the whole family. Nearly all the participants experienced the greatest stress from the possible negative reactions of their surrounding regarding the problematic behaviour of their child with ASD, and thus also from the problematic behaviour itself. Due to problematic behaviour and manifestations of ASD, participants described a narrowing of their social contacts (reduction of friends) and subsequent isolation and loneliness. Such isolation caused the greatest stress for some of the participants. Two female participants experienced loneliness more intensely and were dependent on themselves due to the absence of a partner (breakup, death).

Experts showed no interest in the mental health of the parents, focusing solely on the care of the child with ASD. There was one exception, when experts from an early intervention centre provided the participant with psychological help. In almost all cases, experts offered parents advice that related to the care and support of a child with ASD and was therefore exclusively child-oriented. In one case, there was a complete lack of help for the family and child on the part of professionals (related

to the older age of the child and the lack of services in the given period). Some of the mothers also mentioned the financial burden of caring for their child with ASD and the need to pay for specialist services (specific in the case of ASD).

Some of the participants also emphasised the need for self-study about ASD issues and available help. In all cases, positive experiences with other parents of children with ASD in regard to mutual help and advice were shown.

In the following table 7 (Table 7), the codes that we recorded and extracted as part of the Interpretive Phenomenal Analysis (IPA) are listed and colour-coded.

Table 7: *Codes and Their Categorization. Source: Author's own processing*

Challenging Early Childhood Period	Self-Blame	Difficulties in Accepting the Diagnosis	Change in Perspective	Emotion-Focused Strategies
Problem-Focused Strategies	Escape-Focused Strategies	Different Reactions from Parents	Psychiatrist	Negative Emotions
Impact of the Child on the Parent	Focus on the Present	Concerns About the Future	Self-Study	Family Inexperience
Sacrifice	Lack of Professional Support	Lack of Interest from Professionals in Parents' Mental Health	Without Seeking Psychological Help	Rejection by Family
Disappointment	Loneliness	Isolation	Reduced Social Contacts	Mutual Support Among Parents of Children with ASD
Parental Divorce	PB – Burden, Stress	Experts – Advice	Reactions of Others	Friends
Hope	Financial Aspect	Absence of Coping Strategies	Acceptance of Diagnosis Without Significant Emotional Outbursts	"Positive Mindset"
Limitation of Family Activities	Gratitude for Small Things	Long Process of Acceptance by the Family	Sufficient Sleep	Ambivalent Emotions
Unpredictability	Suicidal Thoughts	Disrupted Relationships	Shock	Sport
Spirituality	Psychologist	Interest of Professionals in Parents' Mental Health		

Legend to the Table

Phenomena

Impact of ASD on Social Interactions

Manifestations of ASD, Impact of ASD

Experts

Family

Coping Strategies

Emotional (Inner) Experience, Acceptance, Coping

Support, Assistance (Self-Help, Help from Others)

As follows from the table, the ways in which parents cope with stressful situations can be and are different. The interval of their diversity begins with strategies aimed at changing thinking and positive thinking as such, up through suicidal elements and feelings of helplessness and the absence of strategies aimed at managing the situation and finding possible solutions. Many coping strategies that could help parents of children with disabilities are described in the professional literature. We also know from our own experience, however, that experts in counselling or medical facilities do not show interest in the condition of the parents and deal mainly with the child. From this point of view, services for families with children with ASD are insufficient, and the needs of parents/families are not adequately addressed.

For this reason, too, we would recommend that experts deal not only with children, but comprehensively also with parents, for whom the child's disability is a greater problem than the child himself.

We recommend intensifying the transdisciplinary approach to the issue and activating all experts in terms of cooperation, so that families are provided with help and support in all areas and at all levels. In conclusion, we recommend that the issue of coping strategies itself be emphasised not only in professional literature, but particularly in special pedagogic practice.

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Sustainability of organizational culture in Federal College of Education Special, Oyo State, Nigeria

(overview essay)

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Abstract: *This study examined organizational culture in Federal college of education Special (FCOES), Oyo state, Nigeria it adopted descriptive research design with a sample of 428 participants purposively selected from a 4116 staff of the college. Two research questions were framed to guide the study and 20 item-self-developed a questionnaire tagged "Organizational Culture Questionnaire" (OCQ) with four points response scale was used for data collection. It was validated by relevant experts in educational measurement and research in University of Calabar and Ibadan, Cronbach Alpah reliability method was used to determine internal consistency and reliability coefficient of 0.85 was obtained. Descriptive statistics of chart, frequency and percentage was used to analysized data for easy understanding of the results. Findings indicated that FCOES, Oyo have organizational culture that is sustainable and conflicts are often between non-teaching staff and government, management as well as the academic staff also has with both government and management of the institution. However, these conflicts minimally affect the training special teachers to meet needs of persons with disabilities and promotion of inclusive education in Nigeria.*

Keywords: *Organizational culture, sustainability, conflict, special education & college*

1 Introduction

In Nigeria Colleges of Education (COE) are statutory tertiary institutions with mandate to produce quality teachers in addition to Faculties of Education in Nigerian Universities to meet the manpower need for lower levels of educational systems. The COE system can be grouped into three, technical colleges, special colleges and general colleges, each with specific curriculum called minimum standard in various specialized areas of exceptionalities. For instance, Federal Special College of Education Oyo,

commonly referred to as Oyo special, is meet holistic needs of persons with disabilities and produce special professionals across different categories of exceptionalities to provide specialized services. The establishment of this model of institution was a process that opened access to quality education to persons with disabilities in line with Nigeria national policy on education and global trends which promote inclusivity, equity, equality and diversity. It also shaped the prospect of teacher education for special needs population in schools. The college just like others is regulated and supervised by Federal Ministry of Education through the National Commission for Colleges of Education. A supervisory body is mandated to ensure uniform and full compliance to quality assurance protocol in administration of academic programmes and other support system across colleges of education.

Historically, what is known today as Federal College of Education Special Oyo, began as Federal Advanced Teachers College of Special Education on October 5th,1977 and later became a tertiary institution with the aforementioned nomenclature (Ozoji, 2008, Adenyi, 2008). It has grown to an enviable position among committee of colleges of education in Nigeria. Mandate of the Institution is to transform special education landscape in Nigeria, promote inclusive education culture, empower, inspire and transform lives of persons with disabilities directly or indirectly through quality teaching-leaning process. Within 48 years of the institution it has produced different professionals in special education and related disciplines that are driving force in special education practices in Nigeria.

Organizational culture of college of education special Oyo could be seen as the values and beliefs of institution stakeholders (that is, administrators, faculty, students, board members and support staff), based on tradition and communicated verbally and nonverbally (Henning et al 2025, Bartell, 2017). Values and beliefs are thought to greatly influence decision-making processes at the institution and shape individual and organizational behaviours. Behaviours based on underlying assumptions and beliefs are conveyed through stories, special language and institutional norms (Camarand & Freeman, 2016). The institution culture can also be thought of as the personality of an organization. Through observation of building architecture, campus facility maintenance, and staff and student interactions and attire, academic excellence, research and teaching, community and global relationship, staff commitment to work, staff and student academic honesty, leadership at both management and students levels, one could tell a great deal about the institution's culture. Leaders at the institution are increasingly becoming more aware of the concept and importance of organizational culture and its significant role in the institution change and development. Further, the institution possesses distinctive characteristics, which correlate strongly with their respective culture (Bartell, 2017). Despite the level of organizational culture in the college, there is possibility of one form of crisis or the other. Meaningful development of the college cannot take place in a crisis-ridden institutional system especially in college with specialized mandate (Adeyemi, Ekundayo

andAlonge, 2016, Abawari, et al, 2025). Higher institutions in Africa, especially in Nigeria, had been litigating from academic advancement as a result of ever-increasing conflict that constitutes a significant factor in the organization and society (Olajide, 2011). Conflict, as is often said, is an integral part of human existence and an inevitable friction in any organizational structure as the stakeholders have different incompatible goals (Ivancevitch 2018). Conflict, no doubt, is an important aspect of human management. There is no organization, be it formal or informal, without its own level of conflict.

2 Purpose of the study

This study was designed to:

1. Examined sustainability of organizational culture in Federal College of Education Special Oyo, State, Nigeria
2. Investigate frequency of conflicts in Federal College of Education Special, Oyo State, Nigeria

Research Questions

1. How sustainable is organizational culture in the Federal College of Education, Special Oyo?
2. What is the frequency of occurrence of conflicts in the college?

3 Methodology

This study adopted descriptive survey research design**.** The sample of the study was four hundred and twenty-eight (428) respondents comprising 76 college administrators, 151 academic staff, 187 non-academic staff and 14 education policy makers. This used approximately 42% of the population. Purposive sampling technique was used because of the limited number and the nature of the respondents under consideration. The instrument for data collection was a 20 item self-developed questionnaire titled: Organizational Culture Questionnaire (OCQ). This instrument consisted of sections A and B. Section A required the respondents to supply their demographic information such as sex and type of respondents and school. Section B was divided into subsection 1 and 2. Subsection 1 consisted of 20, 10 statements on each variable requiring the respondents to rate their opinions across a 4-point scale from Strongly Agree to Strongly Disagree to allow for better understanding of the situation.

The instrument was validated using inter-rater method of validity by experts in Education management and Test and Measurements, University of Calabar and University of Ibadan, to vet the instruments appropriately. The Cronbach Alpha reliability method (internal consistency) was used to establish the reliability of the instrument for this study. The CCMS was administered to 10% (43) of the sample

(428) from the 2 colleges of Education in Nigeria that were not part of the population of the study. The instrument was administered and retrieved within one week. The responses were coded and analysed with SPSS (Statistical Package for Social Sciences) using Cronbach Alpha reliability method. The analysis of CCMS produced reliability coefficient was 0.85. Descriptive statistics of charts and percentages was used to analyse the demographic data of the participants and answer research questions. The results are presented in a descriptive form using tables of frequencies and percentages and bar charts.

Demographic Data

Table 1: *Distribution of the Respondents by type of respondents*

Type of respondents	Frequency	Percentage
Principal administrative officers	76	17.76
Non-academic staff	187	43.69
Academic staff	151	35.28
Education policy makers	14	3.27
Total	**428**	**100%**

Table 1 indicates that non-academic staff constituted the largest part of the sample followed by academic staff, principal administrative officers and educational policy makers constituted the least part of the sample in an approximate ratio of 13:11:5:1.

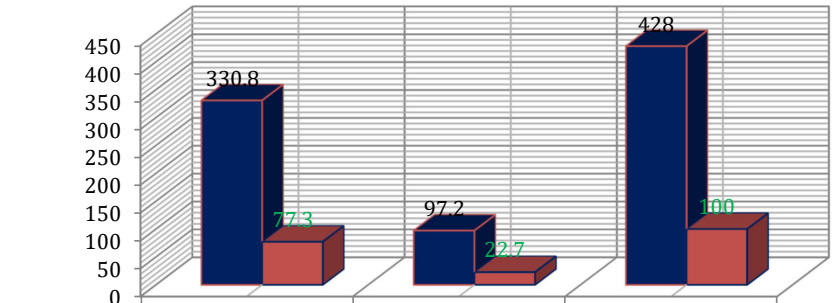
3.1 Presentation of Result

Research question 1: How sustainable is organizational culture in Federal College of Education Special Oyo?

Table 2: *Sustainability of organizational culture in FCES Oyo*

S/NO		SA	A	D	SD
1	The organizational culture in FCES Oyo promotes research and teaching excellence	N = 143 33.4%	N = 247 57.7%	32 7.5%	6 1.4%
2	The organizational culture in the institution does not promote high level manpower training	N = 29 6.8%	N = 33 7.7%	N = 211 49.3%	N = 155 36.2%
3	The organizational culture in the institution breeds low quality graduates	N = 24 5.6%	N = 35 8.2%	N = 182 42.5%	N = 187 43.7%
4	The sustainable organisational culture produces problem-solvers	N = 206 48.1%	N = 196 45.8%	N = 17 4%	N = 9 2.1%
5	The organisational culture in the school promotes weak academic culture	N = 126 29.4%	N = 175 40.7%	N = 51 11.9%	N = 76 17.8%

Total respondents = 428



	Sustainable organizational culture	Non-sustainable organization culture	Total
Frequency	330.8	97.2	428
Percentage	77.3	22.7	100

Fig. 1: *A bar chart showing sustainability of organizational Culture in FCE, Oyo*

Table 3 and Figure 1 revealed that there were more respondents who agreed that the organizational culture in Federal College of Education Special Oyo promotes research and teaching excellence observing that 91.1 percent of the respondents affirmed to the statement. Similarly, 85.5 percent of the respondents also disaffirmed that the organizational culture in the colleges of education in the institution does not promote high level manpower training while on 14.5 percent affirmed it. Respondents also repudiated that statement the organizational culture in college breeds low quality graduates. Also, over 90 percent of the respondents agreed that the organisational culture in school produces problem-solvers. However, a higher percentage of respondents (70.1) were of the view that the organizational culture in the college promotes weak academic culture. The overall response showed that 77.3 percent of the respondents affirmed that the organizational culture in the institution is sustainable.

Research question 2: What is the frequency of occurrence of conflicts in FCES Oyo?

Table 4: *Frequency of occurrence of conflict in FCE Oyo*

S/NO	Item	Not at all	Rarely	Frequently	Always
6	Conflicts between academic staff and the administrators	N = 73 17.1%	N = 114 26.6%	N = 229 53.5%	N = 12 2.8%
7	Conflicts between academic staff and the Government	N = 23 5.4%	N = 91 21.3%	N = 250 58.4%	N = 64 14.9%
8	Conflicts between the non-teaching staff and the administrators	N = 17 3.9%	N = 11 2.6%	N = 344 80.4%	N = 56 13.1%
9	Conflicts between the nonteaching staff and the Government	N = 19 4.4%	N = 39 9.1%	N = 269 62.9%	N = 101 23.6%
10	Conflicts between the students and the management	N = 33 7.7%	N = 35 8.2%	N = 207 48.4%	N = 153 35.7%
11	Inter-personal conflicts among staff	N = 11 2.6%	N = 18 4.2%	N = 210 49.1%	N = 189 44.1%
12	Inter-personal conflicts among students	N = 231 54%	N = 112 26.2%	N = 51 11.9%	N = 34 7.9%
13	Conflicts between academic staff union and non-academic staff union	N = 245 64.3%	N = 144 26.6%	N = 37 8.6%	N = 2 0.5%

Total respondents = 428

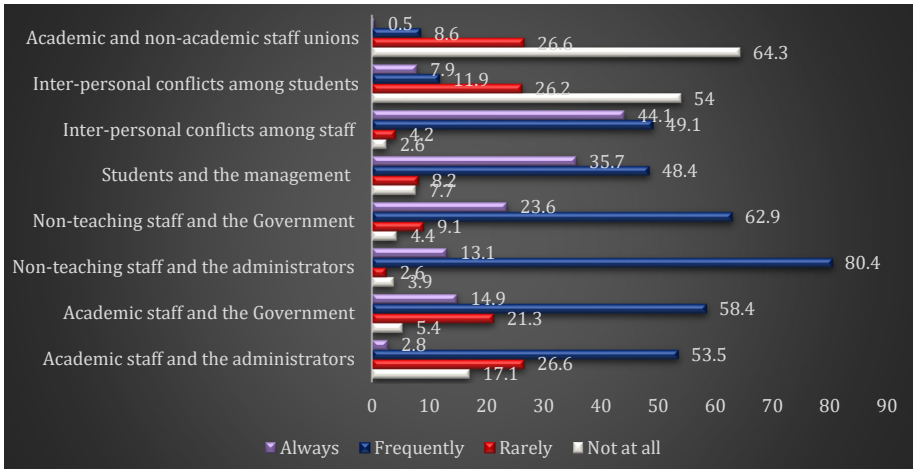


Figure 2: *Frequency of occurrence of conflicts in the college*

Table 4 and Figure 2 above shows the frequency of occurrence of conflicts in the institution. It shows that there were more conflicts between nonteaching staff and the administrators (over 90 percent) followed by conflicts with the government by

the nonteaching staff. Conflicts between academic staff and the Government and administrators were third and fourth in the order with 58.4 and 53.5 percent affirmation. However, there was least conflict occurrence between academic staff union and non-academic staff union and inter-personal conflicts among students.

4 Discussion of findings

Research question 1: How Sustainable is organizational culture in Federal College of Education special Oyo

The research question reveals that the organizational culture in colleges of education is sustainable. The current study reveals that the organizational culture in Federal College of Education Special Oyo promotes research and teaching excellence as well as high level manpower training. It was conspicuously observed over 80 percent of the respondents affirmed to these statements. These findings corroborate the study of Akimoni (2014) which revealed that the organizational culture in the college promote quality research, teaching and training of special education teachers for lower education levels. However, these findings disagree with the findings of Omuole (2019), Nungchim and Leihiothabam (2022), while posited that colleges of education were not educational institutions empowered to inculcate quality research skills on its products. The findings of Omuole in a slight disagreement with the current study noted that only the university is empowered to promote and offer quality research services. The findings of the current study might be in slight disagreement to this partly because many colleges of education across the nation are now affiliated with parent universities. Thus, the process of cultural adaptation, assimilation and acculturation in colleges of education now has opportunity to strengthen the research skills of its graduates in degree programmes.

The current study also found that the institution have also sustained the culture of manpower training such sign language interpreters, Brailist and other support staff for lower level of educational system in Nigeria. These findings are in line with the findings of Okeh and Chudi (2018) which reported that a vast majority manpower available at all levels of educational and non-educational institutions are passed through training in colleges of education. Okeh and Chudi's findings strengthen the current findings partly because of affiliations of the college to most universities. This might partly be the reason why the current finding repudiated the statement that the organizational culture in Federal College of Education Special Oyo breeds low quality graduates, rather the quality of graduates in college has improved owing to affiliations with universities (Falade, 2017, Subhu et al, 2024). As a result of this improved quality according to the current findings on the organizational culture of colleges of education has in recent times produces more problem-solvers in diverse sectors of the nation's economy.

However, according to the current study, there was a slight negation in the findings of the study where it was reported that the college of education promotes weak academic culture. While the reason for this phenomenon was beyond the scope of the current study, it agrees with the findings of Alasa (2019) and Indiyi, et al (2021) which reported that weak academic culture is promoted in the college due to high levels of corruption, academic dishonesty, condoning of examination practices, culture of lecturers encouraging laziness through grade-buying among others. This negative phenomenon is a culture that the current findings identified as a dent that must not be sustained. The overall findings of the current study revealed that the organizational culture in the college is sustainable and should be strengthen for the overall good of the graduates, staff and to promote inclusive education as well as the society at large.

Research question 2: Frequency of occurrence of conflicts in Federal College of Education Special Oyo

The research question reveals that there is high frequency of occurrence of conflicts in College of Education Special Oyo. The findings of the current study reveal are supported by the findings of Ajike (2015) which revealed that college systems comprise a variety of communities based on the wide range of academic disciplines and functions. Its internal behaviour constitutes a very complex organism shaped by many personnel from different unions with diverse interests. This implies that internally the college life is shaped by many logics, habits and dynamics. The current study reported that it is also influenced by various challenges, constraints and pressures from the within and outer environment. The combinations of external pressures and internal pressures within the college systems made administration very difficult and complex resulting in conflicts.

The findings of the current study show that there were more conflicts between nonteaching staff and the administrators (over 90 percent), and more frequent face-offs between the government and the nonteaching staff. The findings of the current study are in line with the report of Golem and Forai (2017) which revealed that administration of college of education is replete with frequent crises. The current study revealed a complex nexus of conflicts within and outside the college system including conflicts between academic staff and the Government and administrators. In corroboration with current findings Yaya and Wale (2016) reported that conflicts in colleges of education have given rise to distrust and hostility among professionals and academics, thus contributing in hampering smooth, effective and efficient administration in the institution. It also appears that despite this situation, stakeholders in education seem to develop non-challant attitude towards conflicts. If conflicts are not checked, it can be destructive and negative as people involved will often see one another as enemy. This is unwholesome for the college community and Nigeria educational system as a whole (Tadesse & Debola 2024, Ndum & Okey, 2013).

5 Conclusion

Federal College of Education Special Oyo has a critical role to play as the Nigeria education system as it produced teachers with specialized pedagogical mastery to meet the needs of children with special needs. To achieve this well-structured administrative system with strong organizational culture must be established. The study revealed that organizational culture such high premium on teaching or training, research etc in the institution are sustainable, however, there are conflicts between nonteaching staff and the administrators (over 90 percent) and with the government by the nonteaching staff as well as academics staff with government and the institution management. These conflicts have minimal effect on the overall functioning of the institution hence it is making remarkable progress in line with the mandate of producing special education teachers and other support staff meet the contemporary school population characterized by diversity majorly in terms of ability and disability.

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Sexuality of people with intellectual disabilities in residential settings: A narrative review of staff and residents' perspectives

(narrative review)

Karolína Tvarůžková, Anna Strnadová, Jana Pospíšilová

Abstract: *Sexuality is a fundamental aspect of human identity, yet people with intellectual disabilities continue to face barriers in expressing their sexual rights, particularly within residential services. This narrative review synthesises international and Czech studies exploring how staff perceive and manage sexuality and how people with intellectual disabilities themselves experience and express it. Findings indicate persistent ambivalence among staff, reflecting a tension between safeguarding and autonomy, limited training, and the absence of clear institutional policies. From the residents' perspective, sexuality represents an essential part of personal identity, often constrained by stigma, restrictive practices, and inadequate sexuality education. Both perspectives expose the dominance of risk-averse cultures that limit sexual autonomy. Promoting rights-based and empowering approaches requires professional education, participatory practices, and organisational change. Future research should address gendered dimensions, address underexplored topics such as parenthood, emotional intimacy, or abuse prevention, and prioritise the inclusion of people with intellectual disabilities as active participants in shaping knowledge about their own sexuality.*

Keywords: *intellectual disability, sexuality, social services, staff attitudes, narrative review*

1 Introduction

The World Health Organization (2017) defines sexual health as an essential aspect of human development, emphasizing respect for sexuality and the right to safe, pleasurable, and discrimination-free sexual experiences. Sexuality, including the right to intimacy, reproduction, and family life, remains a fundamental yet often restricted aspect of identity for people with intellectual disabilities (PWID), who continue to

face social stigma and limited autonomy. Gendered stereotypes and limited body awareness make women with intellectual disabilities particularly vulnerable to abuse and social exclusion (de Wit et al., 2024; Beltran-Arreche et al., 2023).

This review originally aimed to explore the sexuality of women with intellectual disabilities in residential settings. Due to the lack of empirical studies, the scope was broadened to include PWID in general, offering a more comprehensive overview of current research.

Research consistently shows a coexistence of supportive and restrictive attitudes among staff and families, with institutional rules and infantilizing practices continuing to limit sexual autonomy (de Wit et al., 2022; Wos et al., 2021). Experiences of abuse are common among women with intellectual disabilities, and many report being dismissed or judged by authorities, while feeling safer within specialized women's organizations (Beltran-Arreche et al., 2023; McCarthy et al., 2017). As a result, sexuality education in such contexts tends to focus mainly on risk prevention rather than empowerment (Gutiérrez-Bermejo et al., 2021).

Although staff recognise the need for sexuality education, they often feel unprepared and constrained by personal beliefs and institutional norms (de Wit et al., 2022; Guenoun et al., 2022). Although many professionals wish to support clients' intimate lives, they often lack appropriate training and fear the potential risks of abuse (Bates et al., 2020; Charitou et al., 2020). Institutional rules and risk aversion further restrict autonomy, underlining the need for systematic staff education and consistent collaboration with families (Correa et al., 2025).

The research questions were defined as follows:
Research Question 1: How do staff members in residential social services perceive, interpret, and address the sexuality of people with intellectual disabilities?
Research Question 2: How do people with intellectual disabilities living in residential settings perceive, experience, and express their sexuality, and what barriers and supports do they identify?

2 Methods

This study employed a narrative integrative review to provide a concise overview of research addressing the sexuality of PWID in residential settings, focusing on staff perspectives and the voices of PWID themselves. The aim was to synthesise thematic trends and key findings rather than to offer a systematic or exhaustive account. A narrative design was chosen because the literature in this area is methodologically diverse, context-specific, and includes relevant national sources not covered by major databases.

Relevant publications were identified through searches in EBSCO, Scopus, Web of Science, Google Scholar, Knihovny.cz, and Theses.cz, using combinations of keywords such as intellectual disability, sexuality, residential care, staff attitudes, and relationships. The review included studies published between 2010 and 2025, along with several earlier seminal works. Both international peer-reviewed papers and Czech sources (articles, dissertations, and national reports) were considered to capture cross-cultural perspectives.

In addition to individual empirical studies, several systematic reviews (e.g., Beltran-Arreche et al., 2023; Guenoun et al., 2022; de Wit et al., 2021) were consulted for methodological grounding, though their procedures were not replicated. Czech narrative and mixed-method studies (e.g., Hradilová, 2024; Nedvědová & Světnická, 2022; Kozáková, 2020) were included for their culturally specific insights.

Data were synthesised thematically, identifying recurring patterns, shared barriers, and contextual differences between staff and resident perspectives. This approach enabled comparison of international and Czech findings, highlighting conceptual gaps and implications for future research and practice.

2.1 Literature review

This section presents a condensed review of recent studies on the sexuality of PWID, organised around the two research questions. While most research addresses staff perspectives, studies focusing on the voices of PWID themselves remain limited.

Across studies on staff views, a recurring theme is ambivalence—sexuality is acknowledged as a basic human right, yet often approached with discomfort, uncertainty, and restrictive practices (Correa et al., 2025; Ingram & Root, 2025; Devik et al., 2024; de Wit et al., 2022; Guenoun et al., 2022; Charitou et al., 2021; Bates et al., 2020; Kozáková, 2020; Strouhalová, 2018). Staff attitudes are further shaped by insufficient training, lack of clear policies, and limited institutional support tools (Correa et al., 2025; Nedvědová & Světnická, 2022; Leclerc & Morin, 2021; Chrastina & Večeřová, 2020). As a result, professionals often adopt protective, risk-averse approaches, prioritising safety and institutional control over personal autonomy and sexual expression (Devik et al., 2024; Holler & Bondorevsky-Heyman, 2024; Pérez-Curiel et al., 2023; Kozáková et al., 2022). Cultural norms also contribute to these inconsistencies, and parenthood is commonly perceived as unrealistic or problematic (Devik et al., 2024; Pérez-Curiel et al., 2023; Bernoldová et al., 2023; Neuman, 2022). Staff often act as gatekeepers, controlling residents' access to privacy and intimate relationships, while PWID themselves are frequently excluded from decisions affecting their sexuality (Holler & Bondorevsky-Heyman, 2024; Bates et al., 2020; Wos et al., 2021).

Systematic reviews (Beltran-Arreche et al., 2023; de Wit et al., 2021) confirm that PWID often experience external regulation of their intimate lives, limited autonomy,

and insufficient sexuality education. These findings are echoed in empirical studies emphasising restricted self-determination and dependence on caregivers (Bernoldová et al., 2023; Kozáková et al., 2022; Wos et al., 2021). A persistent barrier identified across all studies is the lack of comprehensive sexuality education, preventing PWID from developing knowledge about relationships, consent, and privacy (Bernoldová et al., 2023; Strouhalová, 2018). Despite these limitations, participants consistently express a clear sense of themselves as sexual and emotional beings, with a strong desire for intimacy and connection. However, their ability to fulfil these needs is constrained by social stigma, internalised shame, and overprotective environments that hinder the development of sexual identity and autonomy (Hradilová, 2024; Bernoldová et al., 2023; Kozáková et al., 2022).

Studies directly comparing staff and PWID perspectives reveal shared barriers: limited education, restrictive institutional cultures, and stigma (Correa et al., 2025; Bernoldová et al., 2023; Guenoun et al., 2022; de Wit et al., 2021; Wos et al., 2021; Kozáková, 2020). Both groups highlight risk-averse and reactive practices rather than rights-based approaches, as well as restricted autonomy and privacy in residential settings (Beltran-Arreche et al., 2023; Bates et al., 2020). While staff-centred research emphasises uncertainty and professional limitations, studies involving PWID underline the emotional consequences of these barriers—exclusion, unmet needs, and internalised stigma.

For greater clarity, the tables of the reviewed literature are presented below.

Table 1: *A literature review on the sexuality of people with intellectual disabilities in residential settings from the perspective of staff members*

Reference	Country	Aim of the study	Method	Participants	Main findings	Limits/ notes
Bates et al. (2020)	UK	Explore staff perceptions of supporting adults with IDD in forming relationships	Focus groups	26 staff	Staff struggle to balance support with protection; organizational culture shapes practices; lack of training	Small UK-based sample; no users' perspectives.
Björnsdóttir & Stefánsdóttir (2020)	Iceland	Double sexual standards and their effect on women with ID	Observations in group homes	25 (men and women with ID)	Women face infantilization, overprotection; sexuality often suppressed.	Small qualitative sample; limited to Iceland.
Charitou et al. (2021)	UK	Staff support for relationships and sexuality	Systematic literature review	297 staff across 15 studies	Staff supportive but undertrained; barriers include risk, family attitudes, unclear policies.	UK-based; self-reported data.
Correa et al. (2025)	Spain	Examine staff attitudes toward sexuality of adults with mild ID	Questionnaire	102 staff	Staff supportive in principle; shaped by personal/religious values; discomfort with sensitive topics.	Small; limited to two facilities.
de Wit et al. (2022)	Netherlands	Staff and relatives' attitudes toward sexuality of people with ID	Systematic review	1,222 staff & relatives	Attitudes shaped by values; widespread lack of training; risk-averse approaches common.	Qualitative focus; Western-centric.
de Wit et al. (2024)	Netherlands	Explore staff/relatives' views on sexual health in mild ID	Concept mapping	7 relatives, 15 staff	Identified aspects: preferences, behaviour, support, education; staff emphasised sexual identity.	Small Dutch sample; no direct voices of ID.
Ingram & Root (2025)	USA	Staff perspectives on sexual development of clients with ID	Interviews	7 staff	Staff value holistic approach; fear of legal issues; lack of training.	Small US sample; single setting.
Leclerc & Morin (2021)	Canada	Factors shaping staff role in supporting sexuality in residential care	Semi-structured interviews	12 staff	Roles unclear; lack of training and policies; sexuality seen as basic need but handled reactively.	Small, Montreal-based; not generalizable.
Neuman (2022)	Israel	Staff and parents' perceptions of sexuality/parenthood	Interviews	70 (30 parents, 40 staff)	Sexuality recognized but ambivalently; parenthood mostly rejected; users excluded from decision-making.	No direct input from adults with ID.
Pérez-Curiel et al. (2023)	Spain	Review on rights (sexuality and parenthood) of people with ID	Systematic review	151 studies	Rights limited by professional/family attitudes; overprotection prevails.	Mostly Western studies; users underrepresented.
Holler & Bondorevsky-Heyman (2024)	Israel	Social workers' attitudes toward intimacy of people with ID	Semi-structured interviews	15 social workers	Staff act as gatekeepers; tension between protection and empowerment.	Small; supported-living only.
Guenoun et al. (2022)	Multiple	Professionals' representations of sexuality in institutions	Systematic review	24 studies	Themes: gender, consent, professional roles; support inconsistent.	User perspectives absent.

Table 2: *A literature review on the sexuality of people with intellectual disabilities in residential settings from the perspective of people with intellectual disabilities themselves*

Reference	Country	Aim of the study	Method	Participants	Main findings	Limits/ notes
Beltran-Arreche et al. (2023)	Spain	Needs and experiences of women with ID in sexuality and relationships	Systematic review	540 women with ID (11 studies)	Limited sex knowledge; frequent abuse; restricted autonomy; stigma.	Only cis women; limited studies.
de Wit et al. (2021)	Netherlands	Attitudes toward sexuality from people with ID themselves	Systematic review	913 participants (45 studies)	People with ID desire intimacy; sexuality often restricted; stigma and overprotection hinder self-expression.	Mostly mild/moderate ID; variable study quality.
Evidence of Training Program (2021)	Spain	Effectiveness of training programme on responsible/consensual sexuality	Pre/post intervention	44 adults with ID	Significant improvements in privacy, safety, and respect.	No long-term follow-up; context-limited.
Bernoldová et al. (2023)	Czech Republic	Experiences of young people with ID in sexuality and parenting	Qualitative interviews	12 young people with ID	High interest in relationships and parenting; lack of accessible information.	Small sample; not focused on residential settings.
Kozáková et al. (2022)	Czech Republic	Situation of partner relationships and sexuality in social services	Mixed-method research	60 users of residential services	Identified needs for intimacy support; staff attitudes influence experiences.	Limited to Czech context; sample restricts generalizability.

3 Results

The following section presents the results structured around the research questions, followed by a comparison of the two perspectives.

Staff members' perspectives (Research Question 1)

Research focusing on staff perspectives in residential services (see Table 1) reveals several recurring patterns in how sexuality is addressed in the lives of PWID. The dominant theme is ambivalence—staff recognise sexuality as a fundamental human right (Ingram & Root, 2025; de Wit et al., 2024) yet frequently act as gatekeepers, controlling access to privacy, relationships, and intimacy (Holler & Bondorevsky-Heyman, 2024; Leclerc & Morin, 2021; Bates et al., 2020; Kozáková, 2020). This tension between protection and autonomy is consistently noted across cultural contexts (Correa et al., 2025; Neuman, 2022; Björnsdóttir & Stefánsdóttir, 2020).

Staff attitudes are also shaped by insufficient professional training, absence of clear institutional guidelines, and influence of personal and cultural values (de Wit et al., 2022; Charitou et al., 2021; Pérez-Curiel et al., 2023). Many professionals feel uncertain and ill-prepared to address sexuality in practice, which reinforces risk-averse and restrictive approaches (Chrastina & Večeřová, 2020; Strouhalová, 2018).

A particularly sensitive issue is parenthood, which remains widely perceived as unrealistic or unsafe for PWID, despite increasing openness toward sexuality itself (Pérez-Curiel et al., 2023; Neuman, 2022).

People with intellectual disabilities' perspectives (Research Question 2)

From the perspective of PWID themselves (see Table 2), sexuality emerges as an essential part of identity and emotional wellbeing. Participants across studies consistently describe a desire for intimacy and meaningful relationships, recognising themselves as sexual beings (Bernoldová et al., 2023; Kozáková et al., 2022; de Wit et al., 2021). These aspirations are often constrained by external regulation from families, caregivers, and institutional rules, resulting in dependency, internalised shame, and stigma (Beltran-Arreche et al., 2023; de Wit et al., 2021).

Women with intellectual disabilities face heightened risks of sexual violence and exploitation, with limited protection or empowerment from existing support systems (Beltran-Arreche et al., 2023). Inadequate responses to abuse and lack of preventive education negatively affect their safety and capacity for fulfilling relationships. The key barrier across all studies is the absence of comprehensive and accessible sexuality education, which limits understanding of consent, privacy, and healthy relationships (Bernoldová et al., 2023; de Wit et al., 2021). Nevertheless, intervention programmes focusing on responsible and consensual sexual relations show encouraging improvements in knowledge, awareness, and respect for boundaries (Evidence of Training Program, 2021).

Comparative insights

Comparison of staff and PWID perspectives (see Tables 1 and 2) reveals shared barriers: limited sexuality education, restrictive institutional cultures, and persistent stigma (Ingram & Root, 2025; Beltran-Arreche et al., 2023; Bernoldová et al., 2023; de Wit et al., 2021). Both groups highlight the dominance of risk-averse practices that prioritise control and safety over autonomy and rights (Holler & Bondorevsky-Heyman, 2024; Bates et al., 2020).

However, important differences emerge. Staff-focused studies emphasise professional uncertainty, training gaps, and organisational responsibility, while those centring PWID highlight lived experiences of exclusion, emotional deprivation, and limited opportunities for intimacy (Beltran-Arreche et al., 2023; Kozáková et al., 2022; de Wit et al., 2021). Furthermore, staff tend to view parenthood as unrealistic, whereas PWID express a clear interest in family life and the need for tailored support to make this possible (Bernoldová et al., 2023).

Overall, this comparison exposes a persistent gap between professional discourse and lived experience—the former shaped by notions of risk and responsibility, the

latter by rights, emotional needs, and identity. Bridging this gap requires not only targeted staff training and institutional policy development but also the active inclusion of PWID voices in all decisions concerning their intimate and relational lives.

4 Discussion

This narrative review aimed to explore how staff members in residential social services perceive and address the sexuality of PWID, and how individuals with intellectual disabilities themselves experience and express their sexuality within residential settings. Across the reviewed literature, sexuality consistently emerges as a deeply human dimension that remains shaped – and often constrained – by institutional structures, professional attitudes, and broader societal stigma.

RQ 1: Staff perspectives: Ambivalence, control, and professional uncertainty

The first research question revealed a pervasive ambivalence in staff attitudes toward the sexuality of PWID. While many professionals recognise sexuality as a fundamental human right (Ingram & Root, 2025; de Wit et al., 2024), they frequently act as "gatekeepers", controlling residents' opportunities for intimacy and relationships (Holler & Bondorevsky-Heyman, 2024; Guenoun et al., 2022; Leclerc & Morin, 2021; Bates et al., 2020; Kozáková, 2020). This tension between protection and autonomy reflects the dominance of a risk-averse culture, where the avoidance of potential harm often outweighs the promotion of personal agency. Such a pattern is not limited to one national or cultural context, but appears across diverse settings in Europe and beyond (Correa et al., 2025; Neuman, 2022; Björnsdóttir & Stefánsdóttir, 2020).

A recurring explanation for these restrictive practices lies in insufficient training and the absence of clear institutional policies. Staff members often report feeling unprepared to discuss sexuality or respond to residents' intimate needs, relying instead on personal values or ad-hoc decisions (Charitou et al., 2021; Chrastina & Večeřová, 2020; Strouhalová, 2018). Institutional environments, that privilege control and safeguarding over autonomy, can reproduce restrictive norms around sexuality, maintaining a climate of hesitation and inconsistency among staff (Correa et al., 2025; Pérez-Curiel et al., 2023).

One particularly sensitive issue concerns parenthood. Even as sexuality becomes more accepted as a topic of discussion, the idea of PWID becoming parents remains largely taboo. Staff often view parenthood as incompatible with residents' perceived capacities or as a threat to child welfare (Pérez-Curiel et al., 2023; Neuman, 2022). These attitudes highlight enduring paternalistic assumptions and reveal how notions of competence and risk continue to define professional boundaries around sexuality.

RQ 2: Residents' perspectives: Identity, restriction, and resilience

From the viewpoint of PWID, sexuality is closely tied to personal identity, emotional fulfilment, and belonging (Bernoldová et al., 2023; Kozáková et al., 2022; de Wit et al., 2021). Participants in these studies expressed a clear understanding of themselves as sexual beings and articulated desires for romantic connection and intimacy. However, these aspirations are frequently constrained by external control—through institutional rules, staff supervision, or family interference (Beltran-Arreche et al., 2023; de Wit et al., 2021).

Such restrictions often foster dependence, shame, and internalised stigma, reinforcing the social marginalisation of PWID (Beltran-Arreche et al., 2023; de Wit et al., 2021). The literature also documents gendered vulnerabilities: women with intellectual disabilities are at increased risk of sexual abuse and exploitation, while support systems frequently fail to provide adequate protection or empowerment (Beltran-Arreche et al., 2023). These findings emphasise the intersection between sexuality, gender, and power, underscoring the need for gender-sensitive and rights-based safeguarding frameworks.

Limited access to comprehensive and accessible sexuality education further compounds these barriers (Bernoldová et al., 2023; de Wit et al., 2021). Many individuals lack opportunities to learn about consent, privacy, or safe relationships, leaving them vulnerable to both misinformation and exploitation. Nonetheless, several intervention programmes show promising results – particularly those that involve participatory methods and focus on communication, respect, and mutual understanding (Evidence of Training Program, 2021).

Comparative insights: Bridging the gap between professional discourse and lived experience

The comparison of staff and resident perspectives reveals a fundamental disconnect. Both groups identify restrictive environments, insufficient education, and stigma as key obstacles to sexual autonomy (Ingram & Root, 2025; Beltran-Arreche et al., 2023; Pérez-Curiel et al., 2023; Bernoldová et al., 2023; de Wit et al., 2021; Leclerc & Morin, 2021; Strouhalová, 2018). Yet, while staff narratives centre on *responsibility, risk,* and *uncertainty*, residents' accounts highlight *rights, emotional needs,* and *the consequences of deprivation*. This divergence illustrates how professional discourses can unintentionally silence or marginalise the voices of PWID, reinforcing unequal power relations within care settings.

Similarly, the issue of parenthood embodies the gap between these two perspectives. For many staff members, parenthood remains an area of prohibition; for residents, it represents an important aspect of adulthood and self-determination (Bernoldová et al., 2023). Closing this gap requires not only technical training or

clearer policies but also a shift in institutional culture toward shared decision-making and recognition of residents as experts in their own lives.

Across the reviewed studies, a major strength is the gradual inclusion of first-person perspectives and qualitative methods that foreground the lived experiences of PWID. However, the literature still exhibits several limitations: small sample sizes, a lack of longitudinal or participatory research and a lack of research focused exclusively on women with intellectual disabilities. Moreover, institutional factors (such as organizational culture or management policies) are often under-examined, even though they strongly shape day-to-day practices.

In conclusion, the findings reveal that sexuality in the lives of PWID continues to be regulated through structures of control rather than empowerment. Bridging the gap between professional discourse and lived experience requires not only improved training and policy but a deeper cultural shift toward recognising PWID as rights-holders and active agents in their intimate lives.

5 Implications for practice and future research

This review identifies several key implications for practice. Ongoing education and professional development are essential to strengthen staff competence and confidence in supporting the sexual rights of PWID. Social service workers should be well informed about institutional policies to ensure a consistent, rights-based approach that respects clients' individuality, autonomy, and privacy. Comprehensive and accessible sexuality education programs for both staff and residents are crucial to promote informed, safe, and positive sexual expression. Residential services must therefore balance safeguarding with empowerment and involve PWID in decisions affecting their intimate lives.

From a research perspective, major gaps remain. Few studies include first-person perspectives or employ participatory designs that actively engage PWID in shaping research questions and interpreting findings. Future research should examine the long-term impact of staff training on professional practice and residents' sexual well-being, expand to diverse cultural contexts and underrepresented groups, and address underexplored topics such as parenthood, emotional intimacy, and abuse prevention.

6 Limitations

As this article is based on a narrative rather than a systematic review, it does not claim to provide an exhaustive account of all existing studies on the sexuality of PWID. The selection of sources was guided by relevance, language, and accessibility, which may have led to the omission of some publications, particularly grey literature or studies in other languages. Despite these limitations, the review offers a valuable synthesis

of both international and Czech perspectives, highlighting key themes and gaps to inform future research and practice.

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Tactile geometric game Triangle Puzzle and its didactic aspect in the education of visually impaired students

(scientific article)

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Abstract: *Tactile games are important in the inclusive education of visually impaired students and are necessary for the development of spatial perception. Given the variability in abilities, knowledge, and skills, it is essential to apply approaches to education that correspond to the developmental and personality characteristics of students. The aim of this study is to highlight the importance of using the unique tactile geometric game Triangle Puzzle in teaching geometry to children aged 6 to 11. The research was conducted at a special elementary school in Prague, where visually impaired children are educated. Twelve visually impaired children participated in the research, some of whom had combined disabilities, namely hearing impairments, mild mental disabilities, and attention deficit hyperactivity disorder. Our sub-goals were to evaluate the time needed to complete a given task within the tactile geometric game, identify signs of visual fatigue, and analyze the level of difficulty in the area of fine motor skills. The research used qualitative research based on interviews with research respondents, observations, and written statements from respondents. Our research provided insights that can be used in special education practice and can serve as a starting point for further research in the field of inclusive education.*

Keywords: *tactile geometric game; inclusive education; visual impairment; spatial imagination; qualitative research*

1 Introduction

Inclusive education remains a highly complex and challenging issue on a global scale. The main goal is to create an educational environment that allows all students, without distinction, to feel part of the school community, to develop a sense of acceptance

and security, and at the same time to ensure access to teaching methods and strategies that reflect their individual needs [16].

Within the Czech education system, pupils with special educational needs are those who need a certain level of support to fulfill their educational potential. These support measures aim to ensure equal access to education and can take various forms, from adjustments in teaching methods to specific school services. Their form depends on the individual needs of the student, which may be based on health disadvantages, social or cultural context, or other living conditions [4]. Children with visual impairments also belong to the group of students with special educational needs. Since sight is one of the main senses that people naturally use when learning, its loss or limitation represents a significant barrier to accessing educational content. According to estimates, approximately 2.2 billion people worldwide suffer from visual impairment, with nearly half of these cases being preventable or treatable in a timely manner [1].

In the past, it was assumed that vision loss was partially compensated for by heightened perception through other senses [23]. Authors [11] report that tactile stimuli can influence the way individuals store visual information about spatial arrangements. According to their research, prior tactile experience can determine the spatial system into which new visual stimuli are subsequently integrated, even if this visual information is not fully consistent with tactile perceptions. This suggests that touch plays an important role in spatial encoding and perception of the environment.

1.1 Tactile aids in the education of visually impaired students

Current research shows that tactile technologies are an important tool for developing spatial thinking and inclusive education for visually impaired students. Studies [12], [21], [13] offer three different approaches to this goal—from passive 3D building kits to active haptic peripherals.

StreetScape [12] is a tactile-based construction kit that simulates an urban environment. Using 3D-printed parts, children – both sighted and blind – participate in creating a tactile map, thereby developing spatial orientation and mutual cooperation. The emphasis on inclusion and interdependence as didactic values is significant here.

In contrast, the TAMO3 device [13] allows users to haptically explore virtual 3D objects. The combination of elevation and tilt in a single finger and proprioceptive information about the position of the mouse creates a mental image of a spatial object. The results suggest that the combination of these stimuli reduces cognitive load and promotes accuracy in shape recognition.

Authors [21] summarize the current state of haptic technologies and their applications in education, particularly in STEM. They emphasize the neuroplasticity of blind users and the importance of a multimodal approach (combining touch, hearing, and kinesthesia) for creating cognitive maps. Special tactile interfaces (e.g., pin arrays,

vibrating vests, 3D haptic mice) open up new possibilities for interactive learning, including for gaming and educational applications.

A comparison of these studies shows that tactile geometric games have not only educational but also socialization potential. From a didactic point of view, it is crucial that they promote cooperation, reduce barriers to accessing abstract concepts (e.g., geometric shapes, topography), and enable visually impaired people to actively participate in teaching. At the same time, it is necessary to further verify the effectiveness of these approaches in the school environment and develop available methodologies for teachers.

1.2 Tactile geometric game Triangle Puzzle and geometry lessons

The educational content of the subject Mathematics and its Applications includes the thematic area Fundamentals of Geometry. In this thematic area, students learn about basic geometric shapes, how to recognize them, and how to name them correctly. They discover geometric shapes that surround them in everyday life and learn to work with geometric tools. Already in the first grade of elementary school, children learn to orient themselves in space as part of mathematics, and they learn to sort objects according to size, color, shape, and content. They manipulate objects according to given properties and learn to distinguish basic geometric shapes on different objects [18].

3D printed models are considered important tactile aids in the education of visually impaired students. These models can significantly contribute to improving symbolic understanding and developing spatial imagination in these students [17].

As discussed in an interview with Jana Slezáková, creator of the tactile game, it is precisely for these reasons that the use of tactile and 3D-printed aids in geometry teaching represents an important step towards fulfilling the principles of inclusive education. An example of good practice is the development of the educational game Triangle Puzzle, created by experts from the Department of Experimental Physics at the Faculty of Science, Palacký University. The game is primarily intended for children with visual impairments and helps them understand basic geometric relationships through touch and manipulation of 3D printed elements. The puzzle develops spatial imagination, fine motor skills, logical and strategic thinking, and creativity.

Spatial imagination is a key aspect of teaching geometry. It is precisely the modeling of real situations and their concrete representation that enables children with visual impairments to recognize similarities and differences between geometric shapes. In general, spatial imagination is understood as the ability to perceive the space in which we move, the ability to change orientation not only in relation to the surrounding world, but also to ourselves [10]. Some authors, such as [15], describe spatial imagination as the ability to perceive space, to visualize shapes and objects in different positions, and to identify their mutual relationships and properties. Tactile

games for developing spatial imagination are therefore a suitable tool that helps children with visual impairments to better understand not only geometric concepts [12]. At the same time, these games are an effective means of overcoming barriers in geometry teaching and promoting the active involvement of all students in the educational process [9].

The tactile geometric game created is a unique tool that allows children to better understand geometric principles. The Triange Puzzle (Figure 1) is a game that contains a basic template in the shape of an equilateral triangle, into which 3 or 4 smaller modules are always inserted without overlapping. The player's task is to place the selected modules so that they fill the entire template without overlapping. The set contains a total of 11 modules, which consist of various geometric shapes [19].

Figure 1: *Triange Puzzle*

Each game module is supplemented with a tactile point – a small relief that shows blind students the way to the correct solution. The unit modules are outlined in black, which helps visually impaired students recognize and match geometric shapes. The tactile game can also be used without the basic template [19].

2 Research methodology

This chapter, written by a team of authors, presents a comprehensive analysis of the methodological framework of a research study focused on the use of tactile games with visually impaired children in primary education. The research was designed in accordance with the qualitative paradigm with the aim of exploring the educational

potential and cognitive impacts of using triangular tactile puzzles in pupils aged 6–11 years diagnosed with low vision.

2.1 Research objectives and their interconnection

The research team structured the study around the main objective: to assess the pedagogical effectiveness of tactile teaching aids in terms of time consumption, visual fatigue, and fine motor skills. This objective was broken down into three sub-objectives:
(1) to evaluate the time needed to complete the task;
(2) to identify signs of visual fatigue;
(3) to analyze the level of difficulty in the area of fine motor skills.

Each of these objectives was directly linked to a specific research question, formulated in accordance with the principles of qualitative research. This structure ensured internal consistency and methodological transparency throughout the research process.

2.2 Material and Methods

The chosen methodological approach—qualitative research through participant observation—was deliberately selected in order to capture the subtle behavioral, cognitive, and motor responses of students in an authentic educational environment. The research team drew on the interpretive tradition and referred to professional literature [7], [24] to justify the use of non-standardized and immersive research techniques. In addition, a semi-structured interview was conducted with the author of the tactile game, which contributed to data triangulation and enriched the research with contextual information.

2.3 Selection of participants and their characteristics

Participants were selected using a purposive sampling method based on criteria established in special education literature [22]. The sample consisted of twelve primary school pupils with varying degrees of visual impairment. Some pupils had multiple disabilities (e.g., ADHD, mild mental disability, hearing impairment). This heterogeneity was intentional—the aim was to capture a wide range of interactions with the tactile aid. All participants were recruited from a specialized school for visually impaired children, which allowed for standardization of the environment but also limited the contextual diversity of the research field. The characteristics of the participants are described in Table 1.

Table 1: *Characteristic of participants*

Overview of research participants			
Child	**Age**	**Type of visual impairment**	**Other associated diagnoses**
D1	10	mild visual impairment, increased sensitivity to light, nystagmus, color discrimination disorder	without further diagnoses
D2	10	mild visual impairment, jerky nystagmus	hypoglycemia, asphyxia, senotoretic dysplasia
D3	9	mild visual impairment	impaired communication skills, mild mental disability
D4	9	mild visual impairment	severe hearing impairment (hearing aid), attention deficit disorder
D5	9	severe visual impairment	attention deficit hyperactivity disorder, speech disorder, CHARGE syndrome
D6	8	mild visual impairment, strabismus (convergent), hyperopia, astigmatism, nystagmus	no other diagnosis
D7	8	mild visual impairment, absence of lens (aphakia)	lateral ambidexterity
D8	8	mild visual impairment	Kabuki syndrome, difficulties with fine and gross motor skills
D9	7	strabismus, correction with glasses	ADHD, communication disorder
D10	7	strabismus, astigmatism	mild mental disability, impaired speech development
D11	7	strabismus, myopia, correction with glasses	Rubinstein–Taybi syndrome, mild mental disability
D12	6	mild visual impairment	mild mental disability

2.4 Data collection tools and procedures

Data were collected using a structured observation sheet and digital recording. The sheet contained predefined variables focused on time performance, indicators of visual fatigue (e.g., blinking, eye rubbing, changes in posture), and fine motor coordination. Time was measured using a stopwatch to ensure accuracy. Observations were recorded in real time on a laptop and supplemented with ongoing field notes. The research team took measures to reduce participant reactivity and ensured that the recording process was unobtrusive.

The teaching session took place in a quiet room without distractions. Each student was familiarized with the task individually, and assistance was provided only upon request. A tactile orientation groove was placed on the work surface to aid spatial orientation—this was an addition to the game that proved effective and was subsequently recommended for wider educational use.

2.5 Data analysis and methodological consistency

The observed data were analyzed using thematic analysis. The recording sheets were systematically evaluated to identify recurring patterns in time efficiency, signs of visual fatigue, and manual coordination. The results confirm the consistency between the methodological design and the findings. For example, the expected reduction

in the time needed to complete the task with increasing age of the students was observed; most children did not show significant signs of visual fatigue. Eight students actively used the tactile boundary, confirming its practical benefits [5].

One of the participants was a boy with a confirmed diagnosis of Rubinstein–Taybi syndrome (RTS), a rare genetic disorder. This participant, designated D11, used corrective eyeglasses for strabismus and myopia and had an associated mild mental disability.

Rubinstein–Taybi syndrome occurs in approximately one in 125,000 newborns and is characterized by typical physical and cognitive manifestations [8]. The main features include broad thumbs and big toes, distinctive facial features, short stature, and intellectual disability of varying severity [2], [20]. The disease is also associated with frequent eye abnormalities (e.g., strabismus, myopia, poor tear duct function), congenital heart defects, musculoskeletal problems (scoliosis, hyperkyphosis), and an increased risk of cancer [14].

From the perspective of education and pedagogical practice, it is important to note that children with RTS often need individual support, especially in the area of cognitive and motor development [3]. This principle was confirmed in the research: child D11 completed the triangle puzzle task more slowly than the other participants, required verbal instructions and motivation, yet actively used both hands and adjusted their body position when manipulating the modular elements [6].

The results showed significant differences in the time required to complete the task. While three participants (D1, D3, D7) were able to assemble the tactile puzzle independently and very quickly (the shortest time was 12 seconds for D7), five students required more frequent support and their performance was significantly slower. In general, younger students needed more time and help, while older students demonstrated better spatial orientation and confidence in manipulation.

In terms of visual fatigue, most children did not show any significant difficulties. More frequent blinking or rubbing of the eyes occurred in only a few pupils (especially in D5 with more severe visual impairment), while changes in posture were noted in seven pupils. These movements were related more to the longer time required than to direct eye strain; they were most pronounced in D8 with Kabuki syndrome. Overall, it can be said that the tactile game did not cause significant visual fatigue and most children were able to complete the task without visible signs of discomfort.

An analysis of fine motor skills showed that ten students actively used both hands, which led to smoother manipulation. Two students worked with only one hand – in the case of D4, this slowed down performance, while D7 achieved an exceptionally fast time. Two-thirds of the pupils used the spatial boundaries of the workspace as a stabilizing element and orientation aid, especially those who were more uncertain in their manipulation. These results confirm that tactile play supports fine motor skills

and spatial orientation without significantly straining the eyes. The main conclusions of the research for individual participants are presented in Table 2.

Table 2: *Main conclusions of the research in relation to specific students*

Main conclusions drawn from the research						
Child	**Time in minutes**	**Eye rubbing**	**Blinking**	**Changes in posture**	**Fine motor skills**	**Comments**
D1	0:22:12	None	None	None	Bimanual	He wears dark glasses. Quick movements.
D2	0:01:05	Occasional	None	Slight changes in position	Bimanual	He rests his head in his hands. His eye movements correspond to nystagmus.
D3	0:00:24	None	None	None	Bimanual	Distracted, reacts to surrounding noises.
D4	0:02:40	None	None	Slight changes in position	Single-handed	He rests his head. He comments on the moves.
D5	2:13:00	Occasional	More frequent	Slight changes in position	Bimanual	Frequently placing stones right in front of the eyes.
D6	1:52:00	Occasional	None	None	Bimanual	Mild fatigue is apparent.
D7	0:12:13	None	None	None	Single-handed	High speed when working.
D8	3:03:00	Occasional	None	Repeated position changes	Bimanual	He shifts in his chair, slumps, rests his head. The shapes slipped away.
D9	1:51:00	None	None	Slight changes in position	Bimanual	
D10	3:40:00	None	None	Slight changes in position	Bimanual	
D11	5:12:13	None	None	Slight changes in position	Bimanual	
D12	8:02:21	None	None	Slight changes in position	Bimanual	The shapes slide.

Although triangulation of observers was limited (the analysis was performed mainly by one person), consistency was enhanced by the use of structured tools and consultations with experts. Reliability was further supported by immediate digital recording and strict adherence to the observation protocol.

2.5 Ethical aspects of the research

The research was conducted in accordance with ethical standards for working with minors in a school environment. Parental consent was obtained through general information provided by the school. Participants were anonymized and identified by codes. The interview with the expert was conducted on the basis of written informed consent. The research did not pose any health or psychological risks and was conducted in a safe and stimulating environment, with the children being positively motivated to participate.

2.6 Limitations and self-reflection

The authors are aware of several limitations of the study: the small sample size, the fact that the research was conducted at a single school, the lack of inter-rater reliability, and a technical shortcoming related to the absence of a non-slip mat. These factors may affect the transferability and, to some extent, the reliability of the findings. Nevertheless, the methodological design was evaluated as coherent and appropriate for the exploratory objectives of the research.

3 Discussion

The results of our research confirm that the tactile geometric game Triangle Puzzle is an effective tool for developing spatial imagination, fine motor skills, and independent work in visually impaired students. Time analysis showed that older students demonstrated a higher degree of effectiveness and independence, while younger children required more frequent support. This trend corresponds with developmental specifics and existing literature, which points to the importance of cognitive and motor function maturation for performance in tactile-based tasks [11], [15]. At the same time, it was found that even pupils with multiple disabilities can achieve functional involvement if the teaching aid is designed with a multisensory approach in mind.

Observations showed only minimal signs of visual fatigue, which occurred more frequently only in students with severe visual impairment or associated diagnoses (e.g., nystagmus, ADHD). Changes in posture were more frequent, but these can be interpreted as a secondary manifestation of prolonged time expenditure rather than a direct consequence of visual load. These findings support the argument that tactile aids can be used even during longer teaching activities without the risk of excessive visual fatigue [17]. The didactic potential of the game is thus evident not only in the development of cognitive skills, but also in the area of visual strain hygiene, which is key to the long-term education of students with visual impairments.

Last but not least, it is important to emphasize the significance of fine motor skills and bimanual cooperation, which most children spontaneously used during play. This ability not only made manipulation more effective but also supported spatial orientation and task accuracy. A specific finding was that even monomanual work (e.g., in student D7) can lead to high efficiency if supported by an individual strategy. This fact demonstrates the flexibility of the game, which allows adaptation to different motor preferences and abilities. Nevertheless, it is necessary to reflect on the limitations of the study—in particular, the small sample size and implementation at a single school—which limits the generalizability of the conclusions. Despite these limitations, however, the results correspond with recent findings on the importance of tactile teaching aids for inclusive education [12], [21] and confirm that the Triangle Puzzle can serve as a functional bridge between special education practice and modern inclusive methods.

4 Conclusion

The presented methodological framework documents a systematically designed qualitative study focused on the use of tactile teaching aids for students with visual impairments. Despite the above limitations, it is a transparent and contextually anchored research approach that provides insights useful in special education practice and can serve as a starting point for further research in the field of inclusive education.

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Specifics of education in first aid for individuals with visual impairments

(overview essay)

Kristína Tománková

Abstract: *The article focuses on a current overview of the research issues in the field of individually adapted training in basic resuscitation techniques for people with visual impairments, as well as on the identification of specific training for mastering resuscitation techniques regarding the potential effectiveness of the techniques implemented. The study aims to remove existing barriers to equal access to first aid education. Ultimately, we try to provide space for raising awareness and improving inclusive training programs that will enable all citizens to act confidently in critical situations.*

Keywords: *first aid; education, visual impairment, guidelines, resuscitation*

1 Introduction

The European Resuscitation Council has produced European Resuscitation Council (ERC) Guidelines 2025 Basic Life Support for adults based on the International Liaison Committee on Resuscitation (ILCOR) Consensus on Cardiopulmonary Resuscitation Science with Treatment Recommendations published since 2021. The topics addressed include how to recognise cardiac arrest, alerting the emergency services, delivering chest compressions, performing rescue breaths, how to use an automated external defibrillator and safety considerations for rescuers (Figure 1) (Smyth et al., 2025).

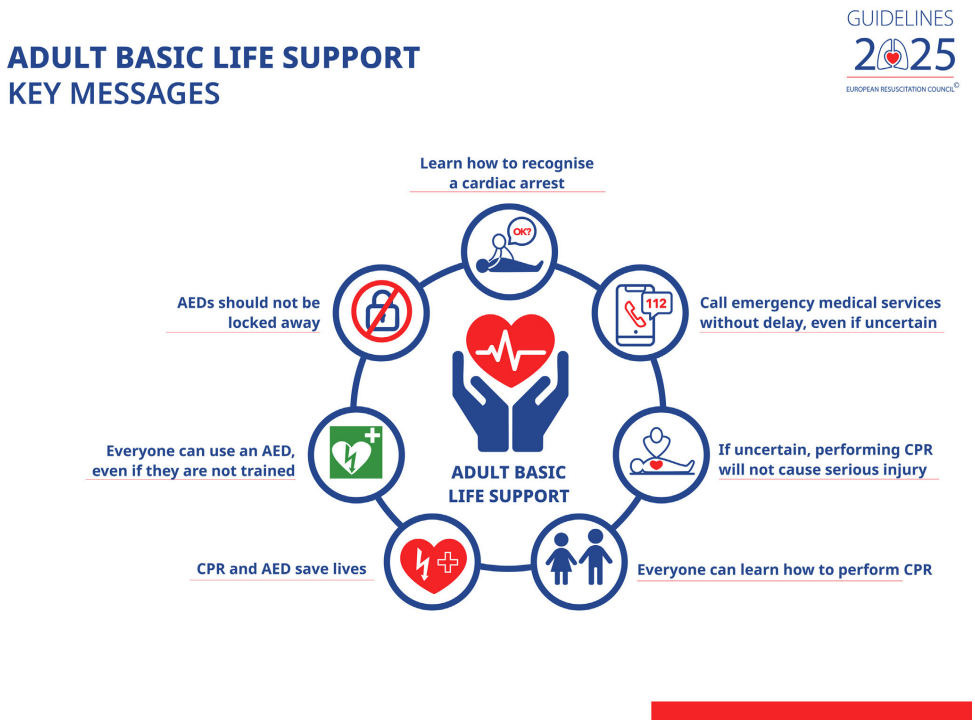

Figure 1: *Adult Basic Life Support – key messages. (Smyth et al., 2025).*

1.1 Certified teachers of students with visual impairments

Roles are defined by the Council for Exceptional Children (CEC), and these competencies are incorporated into accredited university training programs. The educational needs of these students vary widely, so the role of the teacher of students with visual impairments must be flexible to meet changing conditions. Ongoing professional development is essential. From initial evaluation to specially designed instruction to ongoing assessment, the teacher of students with visual impairments plays a critical role in collaboration with teachers, paraeducators, family members, and related service personnel (Texas School for the Blind and Visually Impaired, 2024).

Nabecker et al. (2025) states that resuscitation education is targeted at specific groups of life-saving responders. Key points include educating all community members about cardiac arrest awareness and treatment and considering the diversity of the target group. Implement early resuscitation training starting in early childhood education (around 4–6 years of age) and incorporating annual resuscitation training into school curricula. Provide accredited resuscitation training to all healthcare

professionals. Tailor the required Cardiopulmonary resuscitation (CPR) training to the provider's role, specific setting, and/or specific patient populations. Train emergency medical service dispatchers in cardiac arrest recognition and telephone-assisted CPR.

1.2 European Resuscitation Council Guidelines 2025: Education for Resuscitation

European Resuscitation Council (ERC) Guidelines 2025 Education for Resuscitation offer evidence-informed guidance for laypeople and healthcare professionals about teaching and learning the lifesaving competencies of resuscitation (knowledge, skills and attitudes) with the aim of improving patient outcomes (Figure 2) (Nabecker et al., 2025).

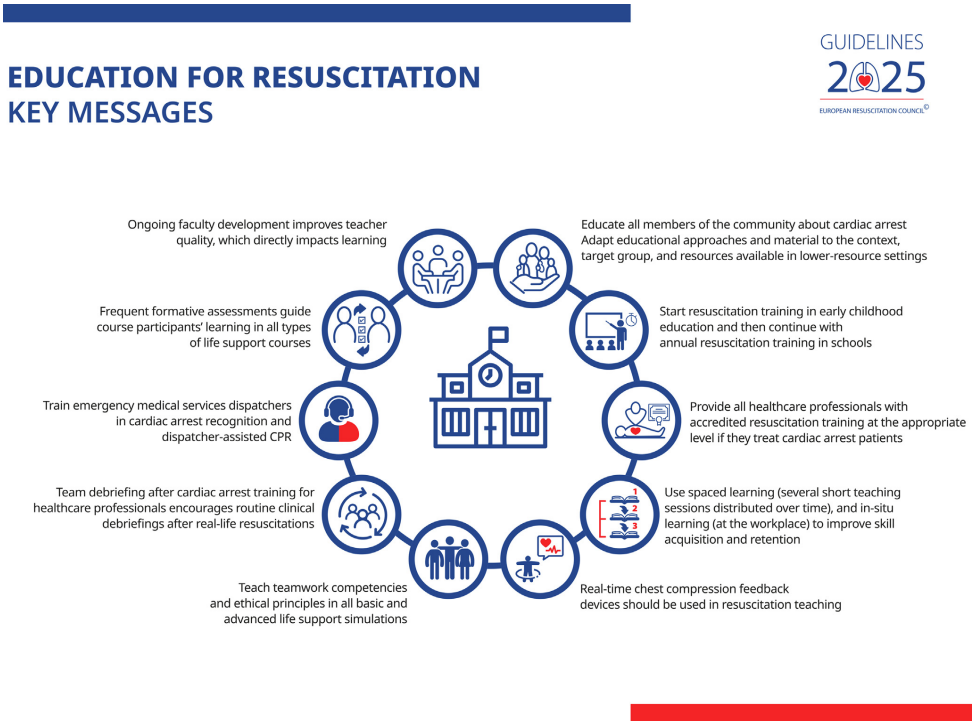

Figure 2: *Education for resuscitation – key messages. (Nabecker et al., 2025).*

These guidelines address education in various settings where people may teach and learn resuscitation, including every level from basic to advanced life support and for all ages of learners and all cardiac arrest victims. Key stakeholders to be targeted

include governmental (healthcare, education, etc.) and political authorities who manage national and/or regional healthcare systems (Figure 3.) (Nabecker et al., 2025).

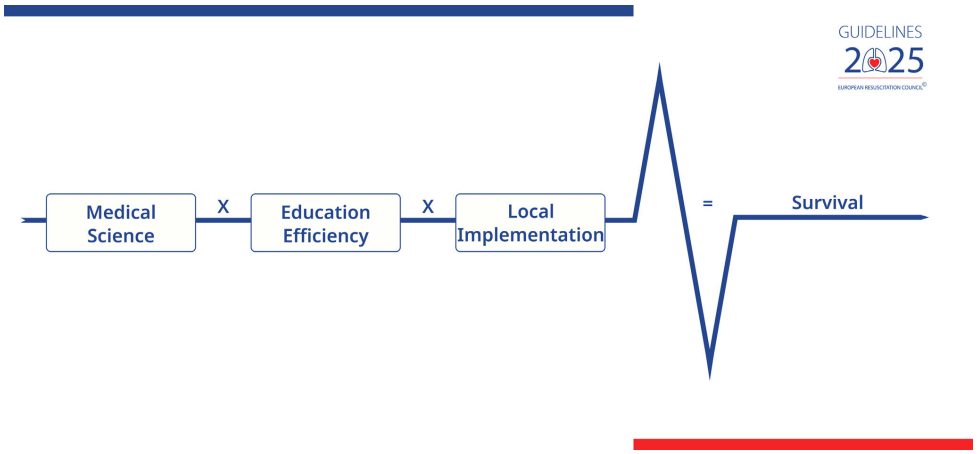

Figure 3: *The Utstein formula of survival. (Nabecker et al., 2025).*

1.3 Specifics of education in first aid in context of visual impairment

An ILCOR scoping review found scarce evidence on tailored courses or training for specific adult populations (e.g., Down syndrome, visual or hearing impairment). Tailoring involves addressing specific impairments. In accordance with ILCOR ERC recommends that while evidence on which groups need which adaptations is limited, tailoring should be considered when feasible (Schnaubelt et al., 2024). In study of Berlanga-Macías et al. (2023) is written that the Basic life support (BLS) training strategies for people with disabilities were classified according to the following criteria: objective (training, content validation or analysis of learning barriers), target population (visual, hearing, physical disabilities or Down syndrome), training resources (training with/without adaptation), contents BLS and use of the automated external defibrillator) and evaluation instrument (i.e., the simulation test and knowledge questionnaire). The variety of BLS training programs for such population is limited. Likewise, people with different disabilities can effectively learn BLS manoeuvres, although with mixed results, mainly in those regarding the CPR quality. Despite the importance of training the lay population on BLS and the use of Automatised external defibrillators (AED), this scoping review indicates that there is not a wide variety of BLS training programs for people with different types of disabilities, and there is still no consensus on the characteristics that inclusive training should have for the integration of those people. Likewise, these findings show that people with physical, visual, hearing impairments or Down syndrome can effectively learn BLS manoeu-

vres, even with minimal or no modifications to the training material, although with mixed results, which indicates the need to carry out further experimental research aimed at clarifying the optimal characteristics that BLS training programs must have. It is necessary to promote, through scientific and educational institutions, the inclusion of BLS contents and use of the AED, considering the learning characteristics of people with disabilities. A very stimulating study that is useful in the context of our topic is the study of the Hughes et al. (2019), which even found that blindfolding the team leader significantly increases the frequency of Closed-loop communication CLC. Older residents are more effective in crisis resource management CRM skills than younger residents. Blindfolded code practice is an advanced technique that can improve the use of closed-loop communication strategies. Schnaubelt et al., 2024 told that tailored basic life support education for specific populations is likely feasible and can include such groups into the pool of potential bystander cardiorespiratory resuscitation providers who may otherwise have been left out (e.g., individuals with disabilities). Research should be undertaken to address the identified knowledge gaps, especially comparing tailored vs. standard courses, their cost/benefit ratio, how to best adapt courses, and how to involve members of the respective communities. Also, tailored courses for first responders with and without a duty to respond should be explored, including police officers, firefighters, and lifeguards. The intention of work of Soidán & Barcala Furelos (2008) was to teach basic aspects of basic life support to blind children in age 11–15 years, by means of posters an own training programme in which we adapted the content of a BLS programme to their age and to their disability. Programme viability, efficiency and safety were also evaluated, according to psycho-evolutionary characteristics of the blind children. For the design of this descriptive experimental work, it was necessary to adapt learning methods of blind children, such as Braille language, both in texts and simulation materials, to traditional materials of BLS education. A learning protocol was designed, consisting of six didactic intervention meetings, which were applied to both groups, experimental group and control group. Groups were video-recorded and evaluated by means of questionnaires at the beginning and at the end of the programme. After carrying out the training programme, 100% of blind children could activate the survival chain calling the emergency phone number (112); 77.8% detected and correctly performed the Heimlich manoeuvre; and 88.9% were able to perform effective CPR. The results of this study allow us to confirm that this training programme is possible, innovative, and effective: it makes blind children feel useful to the society by helping to save lives.

The ERC urges the BLS training. It is estimated that early BLS, performed to lying people can triple the chances of survival of victims of cardiac arrest, especially if an AED is used in the first 3–5 min. Twenty-seven blind volunteers participated in this study of Martínez-Isasi et al., (2019). Blind people are particularly sensitive to helping others and they should be considered as any other citizen who might learn BLS

techniques and perform them. The research question was if it was strictly necessary to see to save a life. Twenty-seven blind volunteers participated in this study. All of them were trained in BLS for an hour. This training was adapted to their conditions and needs, in which they were taught concepts associated with chain of survival, BLS sequence and hands-on training in compression-only CPR and AED. After the training, participants had to solve an out-of-hospital cardiac arrest simulated scenario. BLS sequence was evaluated with a checklist (performed properly/performed with errors/not performed), CPR quality was assessed with a manikin able to provide real-time feedback and time from the arrival of the AED to shock was also measured as well as whether participants had delivered an effective or non-effective shock. Study including the percentage of participants who performed properly the steps of the BLS sequence and the CPR quality. Only the first step of the sequence (check safety) was performed by less of the 70% of the participants (63.0%). All the participants started CPR and 20 out of 27 (74.1%) could give an effective shock in a mean time of 65 ± 27 s. In the case of CPR performance, poorer results were achieved. Six participants (22.2%) were able to compress between 100–120 com/min and 50–60 mm of depth (mean rate: 124 ± 15 com/min; mean depth: 43 ± 19 mm). Only the percentages of correct chest-compressions by full recoil and hand-position were over 70% of quality. here are significant degrees of blindness (total vs partial blindness) in the mean percentage of blind people who placed their hands correctly (76.9 ± 33.8 vs 99.2 ± 3.2%; p = 0.018) and previous training (four people) vs non previous BLS training in percentage of correct depth (82.2 ± 31.5 vs 19.3 ± 31.6; p = 0.001) and the mean depth (55.2 ± 6.7 vs 40.5 ± 12.7 mm; p = 0.009). In this research, blind people were able to solve an out-of-hospital cardiac arrest scenario after a training with minimum changes from a training session designed for people without disability. Regarding to CPR performance, this type of training and its duration (one hour) were not enough to achieve a good percentage of correct chest compression. More efforts are needed to create effective trainings and programs aimed to people with visual impairment and blindness, which would contribute to enhance their self-esteem and social inclusion. Some pilot studies have demonstrated the ability of visually impaired and blind individuals to learn BLS, but no studies have compared their abilities with blindfolded individuals after participating in the same instructor-led training using real-time feedback. Twenty-nine blind individuals and 30 blind folded individuals participated in a quasi-experimental study of Martínez-Isasi et al., (2021). The training consisted of 1 hour of theoretical and practical training with an additional 30 minutes of post-training led by nurses with previous experience in BLS training in different settings. The quantitative quality of chest compressions, AED use, and BLS sequences were assessed using a simulation scenario. The median time to start chest compressions in blind individuals was less than 35 s. Global and specific components of chest compression quality were similar between groups, except for

compression rate (blindfolded: 123.4 + 15.2 vs. TK: 110.8 + 15.3 chest compressions/min; p = 0.002). Mean compression depth was below the recommended target in both groups, and optimal chest compression depth was achieved by 27.6% of blind and 23.3% of blindfolded subjects (p = 0.288). Time to release from compression was significantly longer in blindfolded subjects than in blind subjects (86.0 + 24.9 vs. 66.0 +27.0 s; p = 0.004). Thus, after an adapted and brief training program, blind people demonstrated abilities comparable to blindfolded people in learning and performing the BLS sequence and chest compressions. After a modified and brief training program, blind and blindfolded individuals demonstrated comparable abilities to learn and perform the BLS sequence and chest compressions. The training method used was not sufficient to achieve optimal chest compression depth and both groups will need to retrain this specific skill.

The study is limited by the lack of existing literature on BLS training for people with visual impairment. The lack of comparative data limits the generalizability of the results and confirms the need for further research in this area.

Conclusion

This study shows that people with visual impairments can effectively perform basic life support manoeuvres through individually tailored training. Further research is needed to optimize techniques, particularly to achieve the necessary consistent depth of chest compressions. By gradually standardizing inclusive procedures, it is possible to significantly increase the overall preparedness of people with disabilities and ensure that disability is not a barrier to saving lives. Integrating these individually tailored programs promotes social inclusion and ensures that life-saving skills are accessible to all citizens, regardless of their sensory limitations.

Conflict of interest

Author has no conflicts of interest.

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Including wellbeing in the curriculum of special education programmes: Experiences from the Institute of Special Education Studies at Palacký University Olomouc

(overview essay)

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Abstract: *This curriculum development study examines how the Institute of Special Education Studies at the Faculty of Education, Palacký University Olomouc, Czech Republic has progressively integrated the concept of wellbeing into the curricula of its special education programmes and related community outreach activities. This development draws on insights from the I Can Do It, Restart, and Visegrad Fund projects, as well as student evaluations, professional practice needs, and recent research evidence. The paper outlines the theoretical foundations of wellbeing, precisely, The Five Ways to Wellbeing, Mindfulness, and Wilderness therapy, and demonstrates how these constructs are incorporated into courses on psychotherapy, crisis intervention, and expressive therapies. The discussion further considers both the benefits and the potential risks associated with embedding wellbeing within higher education programmes for future special educators.*

Keywords: *wellbeing; Five Ways to Wellbeing; mindfulness; wilderness therapy; special education; higher education*

1 Introduction

Wellbeing has become an increasingly salient construct across both everyday life and professional practice. In contemporary special education, high-quality preparation is understood not only as the acquisition of specialised knowledge and skills, but also as the development of educators' capacity to maintain their own mental health and wellbeing while fostering the wellbeing of their students and clients. Given the escalating demands placed on helping professions and the growing complexity of needs among learners with special educational needs, the integration of wellbeing

into the training of future professionals—and into related community services—has shifted from a desirable enhancement to a fundamental requirement.

Within this context, the Institute of Special Education Studies (Ústav speciálně-pedagogických studií, ÚSPS) has undertaken a systematic effort to embed wellbeing into its existing degree programmes. Insights from project experience, student evaluations, identified practice needs, and ongoing research developments have informed this process. The present curriculum development study traces the emergence of new courses and curricular components arising from these sources. It examines how the concepts of wellbeing, more precisely, the Five Ways to Wellbeing, mindfulness, and wilderness therapy have been translated into pedagogical practice within special education programmes and community outreach initiative

2 Theoretical background

2.1 Five Ways to Wellbeing

The Five Ways to Wellbeing emphasize five domains—Connect, Be Active, Take Notice, Keep Learning, and Give—which were developed by the New Economics Foundation for the UK Foresight Project on Mental Capital and Wellbeing (Aked et al., 2008). This framework is designed to be accessible and evidence-informed, combining findings from psychology, public health, and social science into five behavioral domains that promote population-level wellbeing. Rather than focusing on illness, it emphasizes the origins of health and a strengths-based approach to enhance resilience, life satisfaction, and social functioning.

Empirical research indicates that even small, sustained changes across these domains can reduce psychological distress and increase wellbeing (Huppert, 2009; Thompson et al., 2011; Stewart-Brown et al., 2015).

In the realm of special education, the Five Ways prove beneficial because they are (1) accessible to students, families, and professionals; (2) in line with strengths-oriented and inclusive teaching methodologies; and (3) applicable across preventive, therapeutic, and instructional settings. Importantly, they provide a common language for understanding wellbeing as an educable competence, embedded within everyday classroom interactions and institutional practices, rather than relegating it to a secondary therapeutic objective.

2.2 Mindfulness

Mindfulness is commonly defined as "paying attention in a particular way: on purpose, in the present moment, and non-judgementally" (Kabat-Zinn, 1994, p. 4). Bishop et al. (2004) conceptualise mindfulness through two components: (1) self-regulation of attention toward immediate experience, and (2) an attitudinal orientation

of curiosity, openness, and acceptance. These components align directly with developmental priorities in special education, including attentional control and emotion regulation.

Within the Five Ways to Wellbeing, mindfulness most clearly aligns with Take Notice. It also supports Connect (through enhanced attunement to social cues), Be Active (through mindful movement), Keep Learning (through reflective awareness), and Give (through compassion-oriented practices). In other words, mindfulness functions as a transversal mechanism that reinforces multiple pathways to wellbeing.

Many studies suggested that mindfulness-based interventions (MBIs) improve subjective wellbeing, reduce internalising and externalising symptoms, and strengthen behavioural self-regulation (Keng et al., 2011; Khoury et al., 2015; Goldberg et al., 2022). These benefits are particularly relevant for learners with special educational needs (SEN), who often experience attentional challenges, anxiety, or emotional dysregulation.

2.3 Wilderness therapy and nature as a therapeutic context

Wilderness therapy—sometimes termed outdoor behavioural healthcare—combines structured, intense mental effort in natural environments with experiential and adventure-based activities and psychotherapeutic processes. These programs could serve anybody with emotional, behavioural, or psychosocial difficulties. The approach uses experiential learning theory, ecopsychology, and group-based therapy.

Viewed through the Five Ways to Wellbeing, wilderness therapy represents a prosperous ecological application of the model (Aked et al., 2008). Outdoor expeditions and physical challenges operationalise Be Active; sensory immersion and natural quiet promote Take Notice; group tasks and shared challenges strengthen Connect; ongoing skill acquisition and self-reflection reinforce Keep Learning; and cooperation and mutual reliance exemplify Give. As such, wilderness therapy activates all five domains concurrently.

Research consistently reports improvements in mental health, self-concept, coping capacity, and group cohesion (Gabrielsen et al., 2019; Fernee et al., 2019).

In special education, wilderness therapy offers an alternative, embodied, and nonverbal modality that is particularly suited to learners who struggle with traditional, verbally mediated pedagogies. By integrating physical, emotional, social, and cognitive processes, nature-based interventions support whole-person development and complement classroom-based supports.

Some studies highlight phrases such as being away from everyday life, experiencing challenge, and encountering awe and silence in nature. These experiences correspond closely to Take Notice and Be Active, while also promoting deeper relational

connection (Connect) and prosocial engagement (Give). For adolescents with SEN, the temporary removal from routine social pressures may facilitate identity exploration, emotional recalibration, and renewed agency.

Wilderness therapy functions not only as a specialised intervention but as a preventive and developmental modality aligned with contemporary wellbeing frameworks. Its integration with the Five Ways enhances its theoretical coherence and practical relevance for educational settings.

3 The inspiration projects and evaluations that support the inclusion of wellbeing

3.1 The projects *I Can Do It* and *Restart*

The initial impetus for systematically embedding wellbeing into our study programmes came from two projects funded under the Operational Programme Human Resources and Employment (OP HRE): **I Can Do It** and **Restart**. Both projects aimed to support individuals experiencing various forms of disadvantage and to promote their social inclusion (Ministry of Labour and Social Affairs of the Czech Republic, 2015).

The projects demonstrated that:
- skills training alone is insufficient without strengthening **internal resources**,
- it is necessary to explicitly develop **self-regulation, emotion regulation, and a sense of meaning**,
- a **safe group context** and opportunities for sharing play a crucial role.

Evaluations of participants, together with reflections from future educational professionals involved in project activities as part of their placements or theses, indicated a clear need to strengthen the inclusion of wellbeing-related tools in our curriculum, both for our community clients and for future teachers. This recognition provided a conceptual bridge between project-based innovation and degree-programme curricula.

3.2 Evaluations and placements of future professionals

Evaluations of placements and courses show that future educational professionals:
- expect more **experiential learning** and space to address their own emotional load,
- appreciate concrete **methodological tools** for supporting the wellbeing of clients as well as themselves,
- need guidance on **preventive work** and on responding to demanding situations (crises, risk behaviour, trauma).

At the same time, employers (schools, social services, NGOs) expect future graduates to be able to:

- deliver **brief psychoeducational and preventive programmes**,
- employ elements of **mindfulness, Five Ways to Wellbeing, and simple outdoor activities**,
- work collaboratively in **interdisciplinary teams**.

Based on this feedback, wellbeing began to be conceptualised not as an optional "add-on topic", but as a **cross-cutting theme** of the curriculum. Placements thus functioned as a crucial feedback loop, revealing gaps between academic preparation and practical demands and informing subsequent curricular decisions.

3.3 Visegrad Fund project focused on wilderness therapy

An international project funded by the **Visegrad Fund** focused on **wilderness therapy and experiential activities in nature** provided another key source of inspiration (Houskova, 2020). Involving partner institutions from several countries, the project facilitated the exchange of experience with programmes for:

- young people at risk,
- individuals after trauma,
- clients with behavioural and addiction-related difficulties.

The project produced:

- specific **methodological inspirations** for nature-based programmes,
- pilot **training modules** for students and practitioners,
- opportunities to develop **international collaboration** and to test the transferability of wilderness-therapy approaches to the Czech context.

The outcomes of this project influenced both the content of existing courses (e.g., crisis intervention, expressive therapies) and the design of the new training course, Wilderness Therapy and Experiential Sport Activities, which explicitly combines wellbeing, outdoor methods, and experiential learning.

4 Gradual implementation of wellbeing

4.1 Revision of existing courses

Courses such as *Psychotherapy*, *Crisis Intervention,* and *Expressive Therapies* were revised to include modules on:

- conceptualisations and assessment of wellbeing,
- the Five Ways to Wellbeing framework,

- mindfulness techniques and body-oriented interventions,
- prevention of burnout in helping professions.

4.2 Experiential component and reflection

Seminars were expanded to include experiential exercises, guided reflection on one's own experience in the helper role, and work with the body and movement. Particular emphasis is placed on creating a **psychologically safe learning environment** and on clearly distinguishing between educational and therapeutic processes.

4.3 New training: Wilderness Therapy and Experiential Sport Activities

Training title: *Wilderness Therapy and Experiential Sport Activities*
This training course focuses on experiential activities based on **wilderness therapy** and outdoor sports to support participants' personal development, teamwork, and emotional stability. It draws on empirical research suggesting that structured nature-based programmes can contribute to improved mental health, increased resilience, and shifts in self-concept among adolescents and young adults.

The activities are designed to stimulate:
- **interaction with nature** (field immersion, silence, mindful walking),
- **team cooperation** (co-operative games, group tasks in natural settings),
- **personal reflection** (reflection circles, journalling, work with metaphor).

Participants engage in a variety of nature-based activities, including:
- mindfulness practices in nature,
- work with silence and mindful movement,
- trust-building and co-operation games,
- adventure tasks linked to natural terrain and conditions.

The course aims to:
- create opportunities for **stepping outside one's comfort zone** and experiencing direct contact with nature,
- support **personal growth and changes in emotional experience and behaviour**,
- offer inspiration and concrete tools for applying principles of wilderness therapy in the practice of special educators, therapists, and social care professionals.

In terms of the Five Ways to Wellbeing, the course primarily develops **Be Active** and **Take Notice**, while group processes strongly reinforce **the Connect dimension**.

4.4 New course: Philanthropy and Grantmaking

Course title: *Philanthropy and Grantmaking*
Course description: The course introduces students to core concepts and skills in philanthropy, with particular emphasis on their application to special education and wellbeing-oriented projects. Students become familiar with the history, principles, and contemporary trends in philanthropy and learn to identify and use grant opportunities relevant to special education practice.

The course addresses:
- an introduction to philanthropy: history, principles and values,
- philanthropic strategies: individual donors, corporations, foundations,
- the role and functions of foundations in education and social services,
- identification of grant opportunities in special education,
- the grant application process and key factors of success,
- ethical aspects of philanthropy and fundraising.

Upon completion, students are expected to:
- understand the basic principles of philanthropy and their relevance for special education,
- identify **grant opportunities** for wellbeing projects,
- draft a high-quality grant proposal and consider project sustainability.

Within the Five Ways to Wellbeing framework, the course particularly strengthens **Give** – the dimension of consciously contributing to others' wellbeing and building a culture of support, sharing and social responsibility.

4.5 Implementing Five Ways to Wellbeing in addiction services at P-Centrum Olomouc

A further step was the implementation of the **Five Ways to Wellbeing** framework in addiction services at **P-Centrum Olomouc**, which offers programmes for adults and young people with substance-related and other difficulties. The five principles – *Connect, Be Active, Take Notice, Keep Learning, Give* – were translated into:
- structured group sessions,
- short psychoeducational modules,
- simple take-home practices for clients.

Future professionals from the Institute who completed their professional placements at P-Centrum encountered the framework in vivo: they observed group work, co-facilitated activities, and participated in evaluation. In their reflections, they repeatedly emphasised that:

- the Five Ways framework is **clear, practical, and transferable** to schools and social services,
- its language is **positively oriented**, focusing on strengthening resources rather than pathologising,
- they noticed positive effects on their **own wellbeing** and coping.

These experiences confirmed the suitability of the Five Ways to Wellbeing as a core concept for integration into the education of future special educators and related professionals.

5 Discussion: links to Five Ways to Wellbeing and potential risks

The innovations described above can be read as diverse pathways towards implementing the principles of the **Five Ways to Wellbeing**:

- **Connect** – group dynamics, reflection circles, community engagement.
- **Be Active** – movement in nature, experiential sport, body-based exercises in expressive therapies.
- **Take Notice** – mindfulness techniques, work with silence, reflection on lived experience.
- **Keep Learning** – new courses, training programmes, international projects, and experiential learning.
- **Give** – philanthropy, grant-funded projects, and prosocial interventions.

At the same time, several **risks and challenges** must be acknowledged:

1. **"Wellbeing" as a fashionable buzzword**
   There is a danger of reducing wellbeing to a superficial slogan without robust theoretical and empirical grounding. To counter this, we deliberately anchor course content in research on mindfulness, nature-based interventions, and wilderness therapy, and encourage critical engagement with evidence.
2. **Curricular overload**
   Adding new topics can lead to fragmentation. Our strategy has therefore been to integrate wellbeing **into existing courses** where conceptually appropriate, rather than merely adding standalone modules.
3. **Boundaries between education and therapy**
   Experiential and outdoor activities can evoke sensitive personal material. It is essential to clearly communicate that the context is **professional training** rather

than psychotherapy and to ensure that additional support (e.g., counselling services, supervision) is available where needed.

4. **Diverse student preferences and needs**
   Not all students welcome outdoor activities or deeper experiential work to the same extent. Courses are therefore designed with **respect for individual limits**, combining required components with optional activities and offering alternative ways of participation.

These challenges highlight the importance of ongoing reflection, staff training, and institutional support when embedding wellbeing into higher-education curricula.

6 Conclusion

The experience of the Institute of Special Education Studies at Palacký University Olomouc suggests that integrating wellbeing into the curriculum is a long-term process that emerges from the interplay of:

- specific projects (*I Can do It*, *Restart*, Visegrad – wilderness therapy),
- student evaluations and feedback from practice,
- dialogue between theory, research, and the everyday realities of schools and social services.

New activities, such as *Wilderness Therapy and Experiential Sport Activities, and courses, such as Philanthropy and Grantmaking,* expand the competence portfolio of future special educators. They support not only the capacity to foster the wellbeing of pupils and clients, but also the ability to **protect and cultivate one's own mental health** and to seek resources for innovative practice actively.

Looking ahead, key tasks include:

- further developing **evidence-based approaches** to wellbeing in special education,
- systematically evaluating the impact of new courses on students and practice settings,
- maintaining a balance between academic rigour and **sustainable, wellbeing-friendly learning environments**.

In sum, the structured inclusion of wellbeing into special education programmes contributes to higher-quality professional preparation and, ultimately, to improved quality of life for the individuals and communities with whom future professionals will work.

Declaration of Generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used ChatGPT Plus in order to improve the readability and language of the manuscript. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the published article.

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The use of drama therapy as a tool for maintaining mental wellbeing at conservatories

(overview essay)

Tereza Hudská, Martin Dominik Polínek

Abstract: *The mental health of art school students is a topic that is still rather on the fringes of interest in the Czech educational environment. At the same time, studying at a conservatory brings significant psychological burden to young people – pressure to perform, constant evaluation and working with one's own emotions. However, the possibilities of systematic psychohygiene are not yet sufficiently developed at these schools.*

The article is based on research conducted among conservatory students, which examined how students themselves perceive the care of their psychological wellbeing. Special attention is paid to the possibilities of using drama therapy as a supportive method – not only for stress management, but also for the development of self-knowledge, self-expression and working with one's own boundaries.

The aim of the text is to point out the most common problems that students face and to offer an insight into how their mental health can be supported through drama and drama therapy methods. The results show that psychohygiene can play a crucial role in ensuring that students not only cope with the daily demands of studying but also find space for their personal growth. The aim of the text is to point out the most common problems that students face and to offer an insight into how their mental health can be supported through drama and drama therapy methods. The results show that psychohygiene can play a crucial role in ensuring that students not only cope with the daily demands of studying but also find space for their personal growth.

The study is part of the project solution IGA_PdF_2025_027 – The effectiveness and importance of selected specific approaches and interventions for individuals not only with problem behavior as tools for personality development towards strengthening inclusion and their specificities in the Czech environment.

Keywords: *prevention, psychohygiene, mental health, acting, acting studies, conservatory, drama therapy, plastic-cognitive way of movement*

1 Theoretical background

In general, we can state that recently mental health (especially among young people) has been much more often disturbed. Especially after the COVID-19 pandemic, we are experiencing a deterioration in mental health, when the overall number of mental illnesses increased from 20% to 30%[1]; and the latest Dutch studies show that the levels of psychological difficulties remain significantly above what they were before the pandemic (van der Laan et al., 2022). We can therefore assume by analogy that the mental health of students of acting schools will be much more fragile than before and its disruption needs to be prevented to a much greater extent. Although we can generally rely on the methodological guidelines of the Ministry of Education, Youth and Sports[2] regarding psychological crises, or rather mental illness of a student, we nevertheless consider it much more effective to focus on the resources natural to the acting conservatories and their students; that is, on para-theater resources.

1.1 Acting and actor education at Czech conservatories

Acting is an artistic discipline that requires the integration of technical skills, emotional experience and psychological processes. It encompasses a wide range of aspects – from acting technique to working with voice and movement to the ability to experience and transform emotions into a role. Each method offers a different approach: Stanislavsky's realistic experience emphasizes the deep personal experience of a role, Chekhov's psychological gesture works with observation and imagination, while Brecht emphasizes distance from emotions and the presentation of social problems.

Mastery of techniques is essential for convincing performance. Internal techniques focus on psychological processes, emotional experience and empathy, while external techniques involve voice and movement. Transforming a character and finding authentic expression requires consistent training and awareness of one's own emotions, which the actor transforms into the role. Historically significant approaches, such as the Stanislavsky system or the Chekhov method, provide specific tools for connecting technique with psychological experience. Brecht's approach develops the ability to reflect on social issues and communicate with the audience.

The entrance exams themselves are a demanding step, where candidates demonstrate talent, technical skills and readiness for mental and physical stress. The

[1] For more details, see reports from the Government Council for Mental Health and the National Institute of Mental Health.

[2] For more details, see Appendix No. 23 to the Methodological Recommendation on the Primary Prevention of Risk Behavior in Children and Youth (Document of the Ministry of Education, Youth and Sports, Ref. No.: 21291/2010-28).

high demands and limited number of places mean that success requires long-term preparation and motivation, while failure can affect the candidate's psyche.

Actors' education at Czech conservatories is governed by Framework Educational Programs (RVP), which determine the content and structure of the teaching. Students acquire the technique of means of expression, movement and voice, and undergo practical and theoretical subjects.

The modern approach recommends the use of individual coaching, which supports personal development, identifying strengths, overcoming blocks and setting clear goals (Růžička, 2020). This tool is not part of mandatory education, but allows students to strengthen their creative role and psychological resilience.

Overall, acting education is a combination of technical training, artistic experience, and personal development that prepares students for a challenging career and provides them with the tools to maintain psychological wellbeing during artistic growth.

1.2 Mental health

Psychohygiene, sometimes also referred to as mental hygiene, is a set of strategies and activities that promote psychological resilience, emotional stability and the prevention of psychological problems. The history of psychohygiene dates back to ancient religious and medical texts, while its modern form has been developing since the 19th and 20th centuries. W. C. Beers, a prominent figure in this field, advocated the integration of mental hygiene into everyday life and founded associations to support mental health (Zvolský, 1997). The goal of psychohygiene is not only prevention, but also support for self-development, improved performance and stress management.

Acting requires intense emotional experience without compromising psychological wellbeing. Some actors can experience strong emotions safely, while others may feel exhausted after a performance. Psychohygienic techniques allow you to enter a role and then safely "disconnect" from it. For example, the Lenny Lessing method helps actors symbolically surrender unwanted emotions to the character and relax after the performance: "I am this character and I surrender what I don't need and I take what I need." And I will say something specific, for example, when I am angry, I will say "I surrender this aggression to you." And then I try to use it on stage, that is the Lenny Lessing method, because we all have some darkness inside us, it is something that I try to suppress, I pretend that it is not so, and that is not healthy. And thanks to that acting, you can really leave what you don't need on stage and somehow calm down. And I know that it works for me in the theater (Ramba, 2024, online).

The psychological experience of conservatory students is also influenced by the period of adolescence, which includes the age group of 15–20 years. During this period, intensive biological, psychological and social changes occur, which can be

a source of joy and stress and affect the ability to establish relationships and cope with demanding tasks. Adolescent students often search for their own identity, test their abilities and show criticality or emotional instability (Vágnerová, 2012; Macek, 2021). Learning to cope with these challenges is therefore an integral part of acting training.

Relaxation is another key tool for maintaining psychological balance. It allows you to relax your body and mind, restore energy, and better manage stress. Popular methods include Schultz's autogenic training, Jacobson's progressive relaxation, breathing exercises, meditation, and guided imagery. These techniques support concentration, self-knowledge, and emotional stability, which is essential for intensive acting work (Nadeau, 2003; Křivohlavý, 2001; Praško, 2004; Kratochvíl, 2017).

A school psychologist is also an important support for students, helping them to deal with the demands of their studies, personal problems or stress. Thanks to their professional knowledge and empathetic approach, they can help students find their own solutions and strengthen their psychological resilience. A safe environment and trust in the school psychologist support open communication and destigmatization of mental health care (Kavenská, Šmahaj, Smékalová, 2011; Braun, Marková, Nováčková, 2014).

The current approach to students' wellbeing includes the concept of wellbeing, which reflects the sum of positive and negative emotions and takes into account the genetic predispositions and temperament of the individual. Schools can support wellbeing by acknowledging individuality, supporting bio-psycho-socio-spiritual development and creating conditions for the success of each student. Such an environment increases not only the psychological wellbeing and motivation of students, but also their educational results (Křivohlavý, 2013).

Overall, it can be said that the combination of psychohygiene, relaxation techniques, support from a school psychologist, and a wellbeing-oriented approach creates a space for acting students where they can develop not only as artists, but also as balanced and mentally resilient personalities capable of facing the challenges of a demanding profession.

1.3 Dramatherapy as a path to psychological wellbeing

Dramatherapy has proven to be an effective tool for promoting psychological stability and personal development, including in acting students. It is a therapeutic method that uses dramatic techniques, rituals, and role-playing to promote self-knowledge, social skills, and emotional balance. Unlike psychodrama, which focuses directly on clients' life experiences, dramatherapy offers a so-called "theatre distance." Clients can explore their questions and problems through the text of a play, ritual, or game, which provides a safe and flexible space for processing experiences (Hickson, 2000). The American Association of Drama Therapy defined this method as the targeted

use of dramatic and theatrical procedures to achieve therapeutic goals, including behavior correction, effective coping with life roles, and support for self-knowledge (NADT, 2012). The Czech author Valenta (2021) characterizes drama therapy as a group therapeutic-formative discipline that, through dramatic and theatrical activities, supports personal growth, social integration, and the mitigation of the impacts of psychological disorders or social problems.

The goals of drama therapy are broad and focus on the development of individual abilities and skills, especially in social interactions. The therapeutic aspect is important – not the aesthetic effect for the viewer, as is the case with theater therapy. Key goals include supporting dramatic imagination, intuition and imagination, practicing life and social skills, working with controversial issues through "drama therapeutic distance" and thus strengthening personal growth and social development. In the long term, drama therapy contributes to reducing internal tension, increasing resistance to stress, improving self-confidence and self-esteem, supporting socialization, increasing frustration tolerance and harmonizing personality (Růžička, Polínek, 2013). The method is flexible and adapts to the needs of various target groups, from people with mental disabilities or autism, through patients in psychiatric clinics to geriatric clients.

Rituals and role-playing are key tools in drama therapy. Rituals, known since ancient times, are a series of symbolic activities that help reduce anxiety and promote psychological stability (Fajtová, 2021). In drama therapy, they allow, for example, a safe symbolic transition to adulthood, cleansing oneself of negative experiences, or "closing" a session through imaginary boxes or a cleansing shower (Polínek, 2011).

Role-playing is another basic method that allows clients to experience various social and theatrical roles and see the world from a different perspective. This process supports socialization, self-discovery, and the removal of internal inhibitions. Role-playing can take place at different levels – from simulation, where the client plays themselves in a model situation, through alteration, where they take on a role with which they have no direct experience, to characterization, more typical of professional actors, where there is a deep identification with the character (Valenta, 2021).

Drama therapy thus supports a safe and creative space where students and clients can explore their own experiences, develop skills, and strengthen psychological resilience. Through a combination of rituals, role-play, and group dynamics, it supports not only emotional stability but also social and personal growth, making it a valuable tool for mental health care.

1.4 The method of plastic-cognitive movement as a prevention of psychological difficulties

This unique method (in the Czech Republic applied only in the inclusive theatre Tyátr ModroDiv) is based on deep work with the body within the ontogenetic phases of movement and its principles holistically connect the body schema with psychological experience and neurological development. Its uniqueness lies in the fact that it is both a rehabilitation and artistic approach, where its procedures can serve both for physical rehabilitation and subsequent prevention and intervention of psychological difficulties, as well as for staging work, especially in the case of plastic (movement) theatre. The given method can therefore be a very good source of approaches supporting mental health directly within the framework of acting studies at the conservatory. The basic premise of this approach is that if we want to support mental health, it is absolutely necessary to support the physical side of the being, especially within the framework of self-awareness on a psycho-somatic level.

The given method is based on the author's concept of the author Natalya Popova. The essence of the method lies in the process of working with the client – actor, when we move from the biological foundations of human development to cultural expressiveness. The work begins with the formation or correction of muscle tone, mastering the basic levels of movement organization and their awareness, and leads to individual plastic expressiveness. This means that it begins with the definition and solution of rehabilitation tasks and leads to the solution of interpretative expressive-communicative (artistic, aesthetic) tasks. Mastering expressive movement is closely connected with the development of symbolic activity as such and reflexive behavior of a person.

The physical level thus becomes the basic means of communication within the framework of theatrical expression. The principle of this system is to work with a movement stereotype, which is the first step towards activating the creative process. In the form of constantly repeating movement exercises, the developmentally oldest muscle areas are activated and later the perception of the partner on stage develops. Most exercises are characterized by a slow pace of movement and static pauses – freezing, immobilization, which allows activating the lower levels of movement organization, reducing intellectual control and activating the physical level of consciousness. (For more details, see Polínek, 2024.)

The process later continues with the development of dance movement and its use for creating a theatrical performance within the framework of the so-called plastic special theater. Great emphasis is placed on increasing awareness of bodily experience during the exercises. Each exercise is always followed by a short relaxation, in which the client becomes aware of the bodily sensations evoked by the given exercise (cf. Popová, 2013; Polínek, & Růžička, 2020, Polínek, 2023).

2 Research Methodology

A qualitative research approach was chosen to investigate the issue of psychohygiene among acting students, which allows for a deeper understanding of the psychological and social aspects of the conservatory study environment. This approach allows for capturing the authentic experiences of the participants and analyzing them in their natural context, thereby providing a comprehensive view of the perception of stress, psychological burden, and coping strategies for the demands of study. At the same time, the qualitative method offers flexibility and adaptability throughout the research, which is important when working with human emotions and experiences that cannot always be predicted or structured.

The main objective of the research was to map the use of drama therapy as a tool to support the psychological wellbeing of conservatory students and to evaluate its contribution in preventing the negative psychological impacts of demanding studies. Sub-objectives included obtaining information about psychohygiene workshops, assessing their effectiveness, exploring the possibilities of using drama therapy techniques, and mapping the school's attitude towards the issue of students' mental health.

The research sample consisted of two groups of participants. The first group consisted of experts in the field of psychology and art education who are dedicated to supporting the mental health of art school students. Semi-structured online interviews were conducted with these experts, combining prepared questions with the possibility of flexible discussion. This approach allowed for deeper insights into the experts' opinions and experiences and for the identification of key topics, such as the most common psychological problems of students, stress prevention strategies, and the role of experts in supporting mental health.

The second group consisted of conservatory students, specifically second and fifth year participants. A total of 14 students participated in the research. These students participated in a 90-minute drama therapy workshop, the aim of which was to create a safe space for exploring emotions, stress and psychological burdens associated with studying acting. The workshop was followed by a focus group, where students reflected on their experiences, shared experiences with psychohygiene and discussed the possibilities of using drama therapy in managing stress. The presence of a co-therapist ensured a smooth discussion and supported an open and safe reflection of the participants' experiences.

Data collection took place in two main phases. The first phase involved online interviews with experts, which were recorded and subsequently transcribed for detailed thematic analysis. The second phase involved a focus group with students, the results of which were also recorded, transcribed and analysed. Data analysis was carried out systematically – first, key patterns and themes in individual interviews were identified, then these themes were compared with the students' responses, which allowed

comparing the perspectives of experts and students themselves and obtaining a comprehensive view of psychological burden and needs within the study environment.

The outcome of this methodology is a deeper understanding of how students and professionals perceive the importance of mental hygiene, what stress management strategies they find effective, and how drama therapy can support psychological wellbeing. This approach also shows that the combination of professional interviews and reflective focus groups provides a comprehensive picture of students' needs and intervention options that can be applied within art school education.

3 Survey Results

For many acting students, studying at a conservatory is not only a path to artistic development, but also a significant psychological burden. The statements of the participants in my research show that the environment of these schools tends to be highly evaluative and performance-oriented, while care for mental needs often takes a back seat. As one of the respondents said: "At JAMU, I had a safe teacher, but the environment was incredibly evaluative." This pressure was also manifested in the form of hard drill during the first engagements, and some students encountered the frequent presence of alcohol and other addictions.

Many students reflected that they lacked space for rest and mental relaxation during their studies. "We lacked something like that in our freshman year, it never occurred to me that I could ever relax," said one of them. The constant tension led to difficulties with regeneration, which also affected their mental health. The lack of psycho-hygiene therefore appears to be a significant problem that can have long-term consequences.

The research also included a drama therapy workshop, which offered students a different experience. The workshop focused on supporting psychological wellbeing, separating personal identity from professional role, and developing self-reflection. The students perceived it as a safe space where they could freely express emotions, stop and more consciously connect with their bodies. One participant described this experience with the words: "I want to start becoming aware of my inner body, not just the surface one." The workshop also offered the opportunity to look at acting from a different perspective – not only as a path to performance, but also as a means of psycho-hygiene and self-knowledge. The theme of identity also appeared repeatedly. Some students pointed out the risk that an actor ceases to distinguish between himself and his character, which can lead to emotional difficulties. Drama therapy provides space for awareness of the boundaries between personal identity and role, thereby strengthening resilience to the demands of study and practice. At the same time, it supports communication and cohesion in a team that is often burdened by competition.

The research results confirm that regular psychological hygiene – whether in the form of relaxation techniques, mindfulness or drama therapy – is of fundamental importance for conservatory students. Students appreciated the opportunity to relax, reflect on their own experiences and at the same time develop the ability to separate personal life from professional role. One student said: "If I imagined doing this every month for six months, it's actually like having an appointment with a psychologist. It would help me with burnout or huge disappointment in acting." Another added: "It's great that I don't have to go to it, it's not mandatory. But it would be nice if you were here longer, maybe every week." These experiences show that even short-term, regular encounters with drama techniques can significantly contribute to students' psychological wellbeing and resilience.

The workshop provided students with specific tools for managing stress, maintaining psychological balance, and self-reflection. Practices such as improvisation, role-playing, and body and voice work enable students to manage performance pressure, understand their emotions, and improve psychological resilience.

The research also highlights the different attitudes of schools. Some art schools show interest in integrating psychohygiene into the curriculum, but face problems with funding and staffing. Educators sometimes perceive psychohygiene as a threat to traditional teaching, which can hinder the full adoption of these methods. However, students confirm its importance and request regular group sessions to support their psychological stability.

Therefore, studying acting should not only develop technical skills, but also support psychological wellbeing and emotional resilience. Only in a balance of these areas can artists be raised who are not only professionally competent, but also internally balanced. Drama therapy in this context proves to be a valuable bridge – it helps students take care of their mental health, find a balance between the role and their own self, and prevent psychological difficulties that demanding studies bring with them.

The following tables 1 and 2 contain a summary of the results, which can serve as a kind of methodological support for teachers and students (not only) at conservatories in the context of mental health prevention.

Table 1

KEY POINTS – RESULTS

Topic	Keywords	Important points
Experience with the conservatory environment	Pressure to perform, bullying, mental health, emotional needs, addictions.	The conservatory environment often creates high performance expectations, which can lead to bullying, lack of support, and mental health issues. Students face pressure to perform even outside of class.
Mental health of students	Mental hygiene, stress, anxiety, depression, relaxation, addiction prevention.	Insufficient psychological support in schools leads to problems such as anxiety and depression. The need for addiction prevention and the creation of space for relaxation and rest.
Dramatherapy as a method of mental hygiene	Relaxation, mindfulness, autogenic training, release from performance	Dramatherapy can be useful for the mental health of acting students, but it must be applied correctly. The importance of separating acting practice from drama therapy techniques in order to maintain authenticity.
Relationship to acting and identity	Identity, the role of the actor, professional pressure, adolescence.	Identifying oneself with one's professional role can lead to psychological problems. It's important to separate one's personal identity from the role of an actor and create space for self-awareness and reflection.
Cooperation with institutions and experts	Institutions, experts, financing, generational differences.	Cooperation with schools and experts often encounters obstacles (lack of funding or generational misunderstanding). Dialogue between institutions and students needs to be encouraged in order to improve mental health conditions.

Table 2

MAIN PROBLEMS AND BENEFITS OF DRAMATHERAPY

Topic	The most common problems faced by students	The benefits of drama therapy / mental hygiene
The conservatory environment	Pressure to perform, evaluative environment, tough training	Safe space, opportunity to express emotions
Mental health	Lack of rest, difficulties with regeneration	Relaxation, body and voice work, mindfulness
Identity	The risk of losing boundaries between oneself and one's role	Realizing the difference between role and self
Social relations	Competitiveness, presence of addictions	Supporting communication, cohesion, and cooperation
Long-term impact	Emotional difficulties, risk of burnout	Strengthening resilience, preventing mental health issues

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Retrospective of the IMUZA project – evaluation of project results after five years

(overview essay)

Pavel Svoboda, Oldřich Müller

Abstract: *During the years 2017-2020, a team of teachers from the Faculty of Arts, UP Olomouc implemented the IMUZA Project with the support of the European Investment and Structural Funds within the framework of the Research, Development and Education Operational Program, which was guaranteed by the Ministry of Education, Youth and Sports of the Czech Republic. The basic title of the project was set at: Through uniqueness of artistic expression towards inclusive artistic education.*

The basic starting point of the IMUZA Project concept was to recognize the uniqueness of the artistic production of children, pupils and students with special educational needs (SEN). However, the scope of the IMUZA Project did not only include a group of students or children of compulsory school age, it was also focused on supporting, motivating and educating current and future teachers and other workers who come into contact with these children in their professional and non-professional activities. Therefore, it included the area of teaching artistic disciplines and developing artistic sensitivity in kindergartens, primary schools, special schools, primary art schools, conservatories and also in associations that focus on art as part of their activities. Another important aim of the project was also to try to extract as many positive acquisitions as possible from the mutual meetings of the project participants (Kružíková, 2020).

The final product of the entire Project was not only innovations and proposals for innovations in the School Education Programme (SEP) and ***Framework Education Programme*** *(FEP) at the affected schools, a number of published publications and educational video clips, but also the personal professional and social enrichment of the project participants, who also gained an undeniable advantage in the form of new contacts, new opportunities, necessary inspiration and friendship. In the fall of 2023, the author of this article participated in the National Symposium of Music Teachers (NSMT) in Primary Art Schools, organized by the Art Council of Primary Art Schools of the Czech Republic. On this occasion, he used the same questionnaire survey already*

used within the IMUZA project for the purpose of evaluating the proposed innovations and for the purpose of screening the platform of opinions on the quality of art education five years after the end of the IMUZA Project.

Together with his colleague Oldřich Müller (who played an irreplaceable role in the presentation of the results found in the IMUZA Project), they subsequently conducted a statistical comparison of the results of both groups of respondents.

Keywords: *IMUZA Project, artistic production, artistic education in the Czech Republic, innovation proposals, Artistic Council of Primary Art Schools, questionnaire survey, social desirability factor, social desirability*

1 Introduction

The authors of the article attempted to evaluate and compare the opinions of a homogeneous group of participants (mainly art school teachers) on a number of monitored problems and questions related to art education with an interval of five years. They used identical questionnaires that were used during the years 2017–2020 within the framework of the IMUZA Project and repeated this questionnaire survey in the fall of 2023 among a group of music teachers on the occasion of the National Symposium of Music Teachers, which took place in Bystrý u Poličky on October 4–6, 2023.

The advantage of the described investigation was the active participation of the authors of this contribution both in the IMUZA Project, where they were responsible for the methodological aspects of the research and the presentation of the results, and in the framework of the National Symposium of Music Teachers in Bystré, where one of them was a lecturer and head of art workshops.

2 IMUZA Project

The IMUZA Project was conducted by the Institute of Special Educational Studies at the Faculty of Education of the Palacky University in Olomouc. Participation was voluntary. Nevertheless, 53 partners – representatives of almost all levels and types of art education in the Czech Republic – participated in it.

The aim of the project was to identify and analyze in detail the unique production of students and pupils with SEN in the environment of art education institutions and also to enrich the mutual sharing of valuable information for the teachers of these children and students (Friedlová, 2020)

The most important product of the IMUZA Project was subsequently, after evaluating the data obtained, the proposals for innovations implemented to the professional and lay public through the media, published publications, within the framework of cultural performances and within the framework of initiating changes determined by the Ministry of Education, Youth and Sports of the Czech Republic (Müller, 2020).

3 The National Symposium of Music Teachers

The organizer of the National Symposium of Music Teachers in Bystrý was the Artistic Council of Music Teachers of the Czech Republic, led by the chairwoman of the Central Music Council of the Arts Council of the Czech Primary Art Schools and the persons responsible for the supplementary education of pedagogical workers of the Artistic Council of Primary Art Schools. Within the framework of this three-day symposium, artistic workshops and round tables of educators focused on the problems and prospects of art education were held, and the issues discussed also focused on children and students with SEN. The participation of educators in this symposium was also voluntary.

The purpose of the national symposium of music teachers was primarily to exchange experiences in teaching students and pupils, including children and students with SEN, as well as to enrich the cultural and social exchanges of the symposium participants. An added bonus was also the implementation of a questionnaire survey aimed at analyzing material and educational developments in art education concerning students and pupils with SEN.

4 Research Objectives and Methodology

The basic and primary objective of the questionnaire survey was to prove that the IMUZA Project had indeed fulfilled its objective and whether there had been any overall, statistically measurable shift in the quality of education itself and in the area of material support for institutions associated with art education in the previous five years in areas related to art education for students and children with SEN.

The basic method for data collection and interpretation of the findings in the IMUZA Project was action research. This type of research was characterized by considerable flexibility and the ability to respond to stimuli and information that appeared during the investigation itself. The aforementioned questionnaires, formed in the style of Likert scales, became part of the action research, which were subsequently repeatedly used after five years at the National Symposium of Music Teachers (NSMT) of the Czech Republic in order to compare the opinions of the surveyed teachers on individual questionnaire questions covering both educational and material aspects of the monitored issue.

The achievement of the main research objective was conditioned by the fulfillment of the following tasks:

a) To carry out an overall evaluation and comparison of the responses of the IMUZA project participants with the responses of the NSMT participants (quantitative data analysis).

b) To analyze any significant differences in individual questionnaire items and to attempt to interpret the differences found (qualitative interpretation of the results)
c) Based on the correlation of the two-order Likert scales, to assess the homogeneity, transferability and thus the reliability of the described survey (quantitative approach)
d) To interpret the survey results meaningfully and credibly, to analyze the causes of any differences in the opinions of the participants of both questionnaire surveys (qualitative approach)

The research methodology was based primarily on a questionnaire designed in the form of Likert scales, which contained a nine-point rating scale, with the degree of perceived urgency being directly proportional to the increasing rating numbers. In the case of the IMUZA Project, a total of 20 participants from among teachers of primary art schools and conservatories completed this questionnaire. The author of the contribution did not include eighteen other participants who also completed the same questionnaire in his research, as they were music teachers at primary schools and this group would not be professionally related to teachers working at primary art schools and conservatories. Within the framework of NSMT, a total of 55 music teachers from primary art schools completed the questionnaire.

An indicative assessment of the overall results of the repeated survey was statistically verified based on the Sign Test.

Spearman's ordinal correlation coefficient was used to assess the urgency of individual questionnaire items. In layman's terms – whether both groups of research participants felt the urgency of solving the presented problem areas in a similar order. If both orders were identical or somewhat similar, this would mean verification of the validity, transferability and reliability of the entire survey.

The evaluation questionnaire included the following 24 items:

1. Make changes to the examination rules related to the admissions process
2. Clarify and include more "inclusive" terminology
3. Include artistic practice as an integral part of the teaching of the main subject and adjust its layout so that it can take place continuously throughout the entire teaching period
4. Adjust the reporting and counting of artistic practice – e.g. teachers performing at a concert
5. Allow the participation of a second teacher in subjects of the common professional basis and professional training
6. Initiate the removal of excess administration

7. Specify the methodology for assessing children with SEN in art schools
8. Initiate closer cooperation with officials at the Ministry of Education, Youth and Sports
9. Be more involved in the context of exceptionally gifted pupils
10. Be more involved in the context of foreigners in art schools
11. Solve the problem of "recruiting teachers with health and physical disabilities" in schools
12. Reduce the hours of some art subjects
13. Be more involved in the context of Roma children in art schools
14. Prioritize the "child's experience" over fulfilling the curriculum
15. Adjust mandatory teaching outcomes
16. Change the general wording of the FEP towards specification and greater concretization
17. Adjust the content of some subjects and reassign some subjects to specialised training
18. Adjust the conditions of grants tied to the number of children (e.g. issues of increasing funding for their language training)
19. Support the involvement of graduates in cooperation with their former schools
20. Improve the special pedagogical preparation of conservatory graduates in the context of their future work with children with SEN
21. Improve the material equipment and supplies of schools
22. Initiate changes in the examination rules of state school leaving exams in favor of "excellent musicians × bad students"
23. Ensure the presence of a psychologist at art schools
24. Find the limits of inclusion of a child with SEN in education

The following table provides an overview of the results of both measurements in the form of average ratings for individual items and a nominal representation of the change in ratings usable for the Sign Test.

Table 1: *Evaluation of individual questionnaire items by the IMUZA and groups of music teachers from National Symposium of Music Teachers (NSMT)*

Item	IMUZA, N = 20	NSMT, N = 55	Change
1. Change…	5.10	4.30	+
2. Inclusion…	5.60	3.60	+
3. Art practice…	7.65	5.35	+
4. Reporting adjustment…	6.85	4.40	+
5. Second teacher…	7.35	5.55	+
6. Administration…	8.15	7.95	+
7. Evaluation metodology…	6.85	5.40	+
8. Cooperations with MSYS…	6.70	6.30	+
9. Exceptionally gifted....	7.60	6.70	+
10. Foreigners…	6.50	4.80	+
11. Teachers with health disabilities…	5.70	5.20	+
12. Reduction of hours…	3.65	3.50	+
13. Roma children…	4.70	3.45	+
14. Child's experience…	7.80	7.60	+
15. Outcome adjustment…	6.65	5.15	+
16. FEP…	5.50	4.70	+
17. Subject content adjustment…	5.90	5.15	+
18. Grants…	6.75	5.00	+
19. Graduates…	7.80	7.00	+
20. Special ped. prep. improvement	7.10	7.15	–
21. Material equipment…	7.15	7.90	–
22. Changes in school leaving exams	6.20	5.35	+
23. Psychologist…	6.05	5.55	+
24. Find the limits of inclusion…	6.85	5.75	+
			∑2

When assessing 24 pairs of measurements, the critical value of the Sign Test, assessed at the 5% significance level, is 6 (Svoboda, 2012). Based on this result, we can assume that the overall assessment of the group of music teachers (NSMT) was significantly more positive than that of the teachers of the IMUZA group.

Table 2 documents the ordinal correlation of perceived urgency of individual questionnaire items in the IMUZA and NSMT participant groups using Spearman's ordinal correlation coefficient.

Table 2: *Spearman's ordinal correlation coefficient*

Item	IMUZA, N = 20	Order	NSMT, N = 55 order	Order	D	D^2
1. Change…	5.10	3	4.30	4	1	1
2. Inclusion…	5.60	5	3.60	3	2	4
3. Art practice…	7.65	21	5.35	12.5	8.5	72.25
4. Reporting adjustment	6.85	15	4.40	5	10	100
5. Second teacher…	7.35	19	5.55	15.5	3.5	12.25
6. Administration…	8.15	24	7.95	24	0	0
7. Evaluation metodology	6.85	15	5.40	14	1	1
8. Cooperat. with MSYS	6.70	12	6.30	18	6	36
9. Exceptionally gifted…	7.60	20	6.70	19	1	1
10. Foreigners…	6.50	10	4.80	7	3	9
11. Teachers with health disab.	5.70	6	5.20	11	5	25
12. Reduction of hours…	3.65	1	3.50	2	1	1
13. Roma children…	4.70	2	3.45	1	1	1
14. Child's experience…	7.80	22.5	7.60	22	0.5	0.25
15. Outcome adjustment	6.65	11	5.15	9.5	1.5	2.25
16. FEP…	5.50	4	4.70	6	2	4
17. Subject content adjust.	5.90	7	5.15	9.5	2.5	6.25
18. Grants…	6.75	13	5.00	8	5	25
19. Graduates…	7.80	22.5	7.00	20	2.5	6.25
20. Special ped. prep. improv.	7.10	17	7.15	21	4	16
21. Material equipment…	7.15	18	7.90	23	5	25
22. Changes in sc. lea. exams	6.20	9	5.35	12.5	3.5	12.25
23. Psychologist…	6.05	8	5.55	15.5	7.5	56.25
24. Find the limits of inclusion	6.85	15	5.75	17	2	4
						∑421

The calculation of Spearman's ordinal correlation coefficient
The result of the Spearman's ordinal correlation coefficient with its value rs = 0.817 proves a high dependence between the two observed ranks (Interpretation of the correlation coefficient: $0.90 > rs \geq 0.70$ = high dependence). (Chráska, 2007) This result also confirms the existence of a high similarity and therefore a high homogeneity of both observed groups of teachers and at the same time proves the correctness and meaningfulness of the comparison of the opinions of both groups.

5 Discussion and conclusion

Based on the evaluation of the Sign Test, it would be rightful to logically justify that the IMUZA Project has achieved its goal in the medium term and that the situation of art education in the Czech Republic has significantly improved in the period from 2017 to 2023. The results of the Spearman's ordinal correlation coefficient also confirmed the "homogeneity of opinion" of the participants of both monitored groups and convincingly demonstrated a significant affinity (dependence) regarding the perception of the urgency of solving the presented items, which contained Likert scales.

Nevertheless, according to the authors of the research, these results cannot be overestimated. There is also another, somewhat more circumspect explanation for the seemingly unambiguous results. Despite the relatively large selection of respondents who represented a wide range of art education in the Czech Republic and who voluntarily participated in the research, it is not possible to speak with 100% certainty about a significant improvement in the situation in the monitored area of art education. One of the significant limiting variables of the survey was apparently a factor known as the social desirability bias. This factor characterizes the state when respondents respond more favorably with regard to the expectations of others. In this case, with regard to the expectations of the research commissioners (the IMUZA project). The IMUZA project essentially assumed that many problems related to the art education of students with special educational needs would be solved within its course.

The IMUZA group of respondents entered the Project essentially by self-selection. The participants learned about the project from various sources and were probably more motivated to help art education. With the permission of the directors of their institutions, they subsequently participated in the entire project. They were therefore probably more critical in comparison to the second group of NSMT respondents. They filled out the Likert scales only as a supplement to the seminars they attended as part of other creative activities. This can to some extent explain the significantly more positive view of this group on the urgency and also on the order of urgency of the submitted items that contained the Likert scales.

What can be said at the end of the survey? It would definitely be very desirable for the IMUZA Project to significantly benefit the entire art education system in connection with all the problems that accompany the inclusion of children and students with special educational needs in art schools. The presented survey, despite certain limits (especially the already mentioned social desirability factor), was definitely positive and the IMUZA Project also fulfilled a number of other positive expectations that were not included in the survey described. This was mainly about the exchange of experiences between participants, establishing new contacts, gaining new inspiring ideas, preventing burnout, etc.

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Information for authors

Basic information about the JEP

Journal of Exceptional People (*JEP*) should be based on 2 times a year publishing period in both electronic and traditional – printed form. To guarantee professional standards of the Journal we have applied to the front of special needs teachers, psychologists, therapists and other professionals in the U.S., Finland, Spain, Slovakia, Hungary, China, Russia, Poland and other countries. Above mentioned scientific journal aspires to be registered into the international database of impacted periodicals (Journal Citation Reports).

Journal of Exceptional People (*JEP*) will provide research studies and articles on special education of exceptional people. This area covers individuals with disabilities and, on the other hand, gifted persons. The *Journal* will focus on publishing studies and articles in the field of education, social science (sociology) and psychology, special thematic issues and critical commentaries. The publishing language of the *Journal of Exceptional People* is to be English exclusively.

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